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Transfusion in Infants and Children

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THE general belief that transfusion as a therapeutic measure is a rather recent development is erroneous, for as early as 1667 transfusions were successfully performed by the French physician, Denis. As early as the fifteenth century, the therapeutic value of blood, taken as a draught, was recognized. There is an account of the illness of Pope Innocent VIII, who was cared for by a Jewish physician who administered whole, unmodified blood, which was taken from three Italian youths. This was a century before Harvey (1616) proposed the theory of the circulation of the blood, so there must be some question as to the nature of the operation which was performed. It is interesting to note that all of the donors died and that the patient was not saved.

The disastrous results of the early attempts at transfusion of human blood caused the procedure to fall into disfavor. In France, laws were passed which made it unlawful for one to perform the operation. In the accounts of early transfusions are found descriptions of what evidently were reactions due to hemolysis or agglutination. In the middle of the last century, attempts were made to find an anticoagulant which was harmless, but it was not until the work of Landsteiner, an Austrian, and Shattock, an Englishman, in 1900, who demonstrated the presence in human serum of iso-agglutinins, that the work was put on a sound foundation. Following this, Jansky, in 1906, demonstrated that all blood could be divided into four groups according to the presence of agglutinins. In 1910, Moss, working independently, made a classification similar to that made by Jansky. The work of these four men is responsible for the fact that transfusion today may be regarded as a relatively safe procedure. They made it possible for us to determine, before transfusion, the incompatibilities existing in the bloods of the donor and recipient and thus to avoid the reactions which had brought transfusion into disfavor.

The earlier modern workers, among whom are Carrel, Murphy and Crile, attempted to perfect an operative procedure for the direct transfusion of blood by anastomosis of the artery of the donor to the vein of the recipient. The only method of transfusion which should be referred to as a direct method is one in which such an anastomosis is accomplished. This method, because of its technical difficulties and the fact that one cannot

estimate the amount of blood which is given, has fallen into disuse.

The work of Lewisohn, of New York, who was one of the earliest workers with the sodium citrate method, was a great stimulus to the study of blood transfusion and placed this therapeutic measure in the hands of the profession at large.

Methods of transfusion in which the blood is collected into vessels and modified with an anticoagulant, or in which syringes or coated cylinders are used, are referred to as indirect methods of transfusion. There has been considerable controversy concerning the effect of anticoagulants, principally sodium citrate, on the properties of the blood which is administered. As a result of this, numerous methods have been developed for administering the blood in unmodified form. These methods fall into two groups: First, those in which coated cylinders, such as the paraffin tubes of Percy, Vincent and Kimpton-Brown are used; second, the various syringe methods under which are grouped the apparatus which has two- three- or four-way stop-cocks, such as those which Miller and Unger devised, and the multiple syringe methods in which three or four syringes are used in sequence, being washed out with saline solution immediately after they have been used and before blood is again drawn into them.

The division of opinion relative to the merits of the various methods of transfusion is manifest in literature, at medical society meetings, and between men in consultation. Undoubtedly there is something to be said in favor of both unmodified and modified blood methods, but unfair accusations which have often been unfounded have frequently been made, especially against the citrate method.

It has been our own experience in the use of modified and unmodified blood, as a therapeutic measure in the treatment of diseases of children, that there is no great or outstanding difference in the results obtained by either method. We believe that many of the reactions and untoward effects which are recorded are to be blamed not upon the method used, but rather upon the operator himself. For that reason the reporting of a large series of cases done by any one method, without the occurrence of so-called reactions, means, as a rule, that the operator has not only been consistently careful in the matter of details, but has attained a high degree of skill and efficiency in one particular procedure.

We have found the so-called multiple syringe method, in which a number of syringes are used with needles and canulae, to answer the requirements with greatest satisfaction in a large group of cases. We have also used with satisfaction the so-called citrate method, and the paraffin tube method. We regard with the least favor methods in which syringes with two- or three-way stop-cocks are used and in which the blood passes through some length of rubber tubing before it reaches the recipient. Because of the technical difficulties encountered when one attempts to transfuse infants and children, this form of therapy was late in entering the pediatric field, and it is only in recent years that transfusion of children has been done on a large scale.

Our own experience with this therapeutic measure has been most satisfactory. In a series of over one hundred cases transfused at Milwaukee Children's Hospital during the last six months, there are included in the group the following conditions: infectious diarrhea, septicemia, secondary anemia, bronchopneumonia,

marasmus, burns, pulmonary tuberculosis, septic arthritis, generalized peritonitis, hemophilia, acute endocarditis, rickets, scurvy, prematurity, meningitis, pyelitis, pyloric stenosis with secondary anemia and inanition. During an epidemic of infectious diarrhea, in which the more advanced cases who were seriously ill were referred for transfusion, the results lead us to believe that several infants were saved by this measure who would otherwise have died, and those who were less critically ill were markedly benefited. An interesting group of cases, of which we have had about ten, consists of infants who had developed secondary anemia because of their failure to take feedings well and who were under weight. Not only was the anemia corrected in these cases, but the general well-being of the infants was improved by a rapid return of appetite and gain in weight. In several cases of this type the change produced by transfusion was spectacular.

It is well known that in preoperative preparation of patients transfusion is often a valuable aid and it is, of course, of great value in the treatment of postoperative shock. It is also generally conceded that transfusion in children is definitely indicated not only in primary and secondary anemia, as shown above, but also in intoxications, septicemias, hemorrhage of the newborn and hemorrhage from the intestinal tract. In burns involving 20 per cent or more of the body surface, transfusion is of great value, especially if given early. One method of procedure in these cases is to perform so-called exsanguination transfusion, in which blood is withdrawn from the recipient before the transfusion is done. Immuno-transfusion is still in the developmental stage and is based upon the principle that donors may be immunized, and that their blood serum will, in this way, have a specific effect upon the disease from which the recipient is suffering.

There is an impression which is rather widespread among the laity, that the mother may always be used with safety as a donor for her baby. This impression is erroneous, and in transfusing infants and children the same care must be used in determining the compatibilities between the bloods of the recipient and donor as in the transfusion of adult patients. Not only must it be determined that the recipient and donor are in the same blood group, but direct cross-matching of the bloods must bedone. In addition to this, we have made it a routine practice to determine, before transfusion, the coagulation time, the red blood count, the white blood count, and the hemoglobin and differential count of the recipient. We also do a routine Kahn precipitation test to determine the presence or absence of a syphilitic infection in the donor.

Patients who have had long-standing infections or who have had serious diseases involving the respiratory tract, such as pneumonia, or in whom we have any reason to believe that damage to the heart muscle exists, must be transfused with great care in order to prevent acute dilatation of the heart. In these cases large amounts of blood must not be given rapidly, and it is here that the multiple syringe method or citrate method can be used to best advantage.

The transfusion of infants and children is frequently difficult, and success depends upon constant and meticulous attention to details. A well-trained nurse can do much to relieve the operating room surgeon of the responsibility and concern regarding many of these details. Proper

FIGURE 1

Position we have found most satisfactory when using external jugular vein in transfusing infants. The patient is placed across operating table, wrapped in a sheet, the nurse being seated at his feet. A sandbag is placed under the shoulders and the head turned away from the side to be used. A nursing bottle helps to quiet the patient and, as a rule, we give codeine hypodermically one-half hour before the operation.

care of the needles, syringes, solutions, and glassware are included in the duties of the nurse in this operation. Needles should be kept oiled or in vaseline, and care should be taken against blunting the ends on hard objects. Glassware should be kept scrupulously clean, and we have found that by boiling it in distilled water, the sediment usually seen, and which is so objectionable, can be eliminated. Solutions used in the operation should be watched carefully, should be freshly made, and at the beginning of the procedure the operator should be informed of the nature of the solutions placed in various receptacles.

As a rule, we have given infants and children codeine hypodermically before the operation, and this drug can be used in relatively large doses with safety. Another aid in keeping infants quiet is the nursing bottle, which may be filled with the formula which the infant has been taking, or with water.

The position of the infant on the table and the manner of maintaining this position is of great importance, and it is necessary to maintain a position which facilitates the exposure of the desired area without having the nurse standing in the operator's way. The small size of infants' veins necessitates the use, at various times, of veins in several regions of the body. We have found, with few exceptions, that the veins at the bend of the elbow are large enough to answer our purposes. At times it may be necessary to use the external jugular, the internal saphenous near the ankle, or

FIGURE 2

The manner of arranging donor and recipient when veins at the elbow are used. The donor lies on a cart beside the operating table on which the recipient is placed. An arm board is placed between the two tables. Donor holds recipient's hand, placing his thumb in the infant's palm with his middle and index fingers to either side of his wrist.

the superior longitudinal sinus. While we have had some experience with intraperitoneal injections of citrated blood, we prefer not to use this method and have found intravenous injections most satisfactory. When using the external jugular vein we have found the position illustrated in Figure 1 to be most satisfactory. The sandbag under the shoulders throws the neck into relief, and by having the nurse seated on the side of the table opposite to that on which the surgeon is working he is given ample room. When using the veins at the bend of the elbow we have found the position illustrated in Figure 2 to be of great assistance. Having the donor hold the infant's hand gives him something to do which detracts his attention from the discomfort of having a needle inserted into a vein, and it also prevents the rotation of the infant's arm, which we were unable to avoid by any method of bandaging. Having someone hold the hand in this manner gives older children a sense of security which is comforting to them, and this contributes greatly to the smoothness of the operation. As is illustrated in Figure 3, the surgeon alone needs to stand between the donor and recipient when the infant's arm is secured in this way, and this gives him sufficient room in which to work and relieves him of the fear of contamination by touching someone who is holding the patient. We have found that one operator can easily perform a transfusion on an infant with a minimum of assistance in the operating room.

During the transfusion, the nurse who has the infant in charge should watch carefully for the onset of any symptoms which may be interpreted as a beginning reaction, or as an embarrassment of either the circulatory or respiratory systems, evidences of a chill, backache (in older children), marked discomfort referable to some other cause than the local manipulation, cyanosis, or changes in pulse and

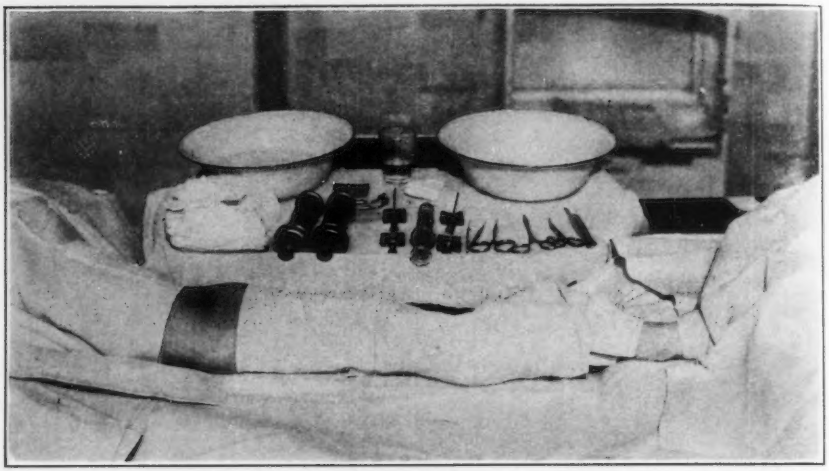


FIGURE 3

Same as Fig. 2 after the patients are draped and the instrument table is in position. This allows one operator to transfuse an infant with relative ease.

respiration; these should all be immediately called to the attention of the operating surgeon. Following transfusion, the nurse should watch especially for chills and fever, and when elevation in temperature occurs she should observe the patient carefully for signs of jaundice. It is well to save all urine for from twenty-four to forty-eight hours following transfusion, as a routine, for when a febrile reaction occurs, the surgeon may wish to test the urine for the presence of hemoglobin.

Immediately prior to transfusion, it is well to give the donor several glasses of water, and after the blood has been withdrawn the donor should be watched for evidences of faintness. Steady pressure should be applied over the puncture wound for from five to ten minutes. At the end of this time no bleeding occurs as a rule. We believe that it is better to put a small square of gauze over the puncture wound and maintain it in place with adhesive plaster than to use a circular bandage. Occasionally patients will maintain the arm in a flexed position following the application of a bandage and in this way pain and some swelling of the forearm may be produced. When the donor is in good health no harmful effects ensue, but there is often, especially in neurotic individuals, some mental reaction and considerable apprehension regarding the effect of the withdrawal of blood.

Transfusion makes a profound impression upon the laity. Both donors and recipients are frequently given publicity in the press. The nurse can do much to allay any misconceptions on the part of the donor, his relatives and friends regarding the effect of the withdrawal of blood.

The Nurse as Hospital Superintendent[1]

MICHAEL M. DAVIS, Ph.D.

THE growth of hospitals in the United States during the last fifty years is an outstanding medical and financial phenomenon even to those who are accustomed to the seven figures of big business. During this half century the population of the United States has somewhat less than doubled; but the number of hospitals has increased from about 150 to over 7,500, while the number of hospital beds has grown from 35,000 to 860,000. The occupation of about 1,500,000 people is involved in this gigantic enterprise. Over $4,000,000,000 is invested in hospitals at the present time in the United States and Canada, taking present replacement costs as a basis of valuation. The annual expenditure for the current maintenance of hospitals is between $600,000,000 and $700,000,000, and in addition there is an annual capital expenditure for new buildings and improvements to existing buildings of from $200,000,000 to $300,000,000. Hospitals thus approach the status of a billion dollar business, comparing, both financially and socially, with education. The public schools of the country involve about the same capital investment and cost about twice as much annually, but employ fewer people.

Along with the hospital has come the clinic. The hospital takes care of sick patients in bed; the clinic examines and treats sick persons who are able to be up and about. Formerly called dispensaries, because their chief function was the doling out of medicine to the poor, clinics have become one of the chief adjuncts of hospitals and of public health services unattached to hospitals. Thirty years ago, the number of clinics in the United States did not exceed 100. Today there are about 6,000. The number of annual visits by patients to clinics has grown in the same period from less than a quarter of a million to over thirty millions, and the annual number of clinic patients is estimated as ten millions.

[1] Extracts, printed by permission of the author, from a report on "Hospital Administration: a Career," to be published in the near future, containing a review of the present status of hospitals in the United States, the types of superintendents now employed, their training and careers, the need for special training for hospital administration and specific proposals of courses to meet this need.

Number of Nurse Superintendents

THE invaluable data now gathered annually from hospitals by the American Medical Association makes it possible to classify the executive officers or superintendents of hospitals according to their professional status or the character of the training which they received. Table I shows the types of superintendents in the 7,610 hospitals in the United States and Canada from which the Association secured reports in 1927.

TABLE I

TYPES OF SUPERINTENDENTS

	Number	*Per Cent*
Physician	2,767	37
"Medical Director" with lay "Superintendent"	693	9
Total Physicians	3,460	46
Nurse	1,506	20
Sister	627	8
Layman	775	10
Laywoman	861	11
Lay person, sex unspecified	93	1
Type unspecified	288	4
Grand Total	7,610	100

It should be pointed out that by "nurse superintendent" is meant the

administrator or executive head of the hospital, *not* the director of the training school. In some of the smaller hospitals the two positions are (unfortunately) combined.

The nurse superintendent has her chief field in the non-governmental charitable hospital of less than 100 beds. It is of interest that she appears as frequently in these charitable hospitals with from 51 to 100 beds as in those of only 6 to 50 beds. Only about 20 per cent of the non-proprietary hospitals of 11 to 25 beds have nurses as superintendents. The nurse is by no means confined to the small hospital. One hundred and ninety-four, or 13 per cent of the 1,506 nurse superintendents, are heading hospitals of over 100 beds.

Salaries of Nurse Superintendents

THE information concerning 792 nurse superintendents collected by Doctor Burgess shows slightly over a third (36.3 per cent) receive salaries of $1,500 to $2,000, and slightly over a quarter (28.6 per cent) salaries of from $2,000 to $2,500; 14 per cent had salaries under $1,500, while 14.5 per cent had from $2,500 to $3,500, and 6.5 per cent from $3,500 to $5,000. Fifteen nurses (two per cent) reported salaries at the last figure. Maintenance is practically always furnished in addition to salary. The testimony of the employment bureaus is that the most frequent salary at which nurse superintendents are placed is $1,800. Of 89 consecutive placements of nurse superintendents by one bureau, 39 were placed at $1,800; 34 at $1,500 and 14 at from $2,100 to $2,400.

A comparison may be made with the salaries of 128 directors of public health nursing organizations, from the "Fourth Yearly Study of Salaries" by the statistician of the national organization.[2] This is shown in Table II.

TABLE II
SALARIES OF TWO GROUPS OF NURSE EXECUTIVES COMPARED

Hospital Superintendents			Public Health Nursing Organization	
Salary without maintenance	Salary plus $1,200	Per cent at grade	Per cent at grade	Salary without maintenance
$1,500	$2,700	14	28	$1,800
1,500–2,000	2,700–3,200	36	37	2,400–3,000
2,000–2,500	3,200–3,700	29	17	3,000–3,600
2,500–3,500	3,700–4,700	15	13	3,600–4,800
3,500	4,700	6	5	4,800

It will be seen that the largest group in both (salary range $2,400–$3,000) is proportionately the same; but that the hospital superintendent shows a smaller proportion of lower salaries and much larger proportion of higher salaries. The highest salary of a public health nursing director is $6,500, attained by one of the 128. Five report salaries of $5,000. Of the hospital superintendents, it will be recalled that two per cent reported salaries of $5,000 in addition to maintenance. Examples of much higher salaries are known. Of course, this is not presented as a complete comparison of these two types of positions, for other conditions than salary affect the advantages of a job; but, so far as it goes, it indicates a relatively favorable situation as to the salary for the nurse superintendent.

A Growing Future

AS communities in which small and medium-sized hospitals already exist become more familiar with the medical, financial and community problems of their institutions, and as new communities prepare to enter the hospital path, the value of trained administrative guidance should be more and more recognized by employing

[2] *Public Health Nurse*, May, 1928, p. 244.

bodies, while on the side of prospective superintendents, the demand for specific training will take a more widespread and tangible form. Even at present a fuller knowledge of the nature of the salaries and opportunities in the hospital field, particularly for nurses, would increase the number of those seeking such positions and eager to secure training.

Untrained Administrators Costly

THE situation found in many hospitals illustrates very clearly the need for more training on the part of their superintendents. The education of a nurse or a physician gives an excellent background for understanding the medical functions and relationships of the hospital, but it provides little or no training in business management or in the financial and social relationships to the community upon which the ultimate success of a hospital often largely depends. In business management, lack of familiarity with purchasing, with even the elementary principles of accounting and financing, with the preparation and presentation of financial and statistical reports, are defects so commonly observed as to be characteristic, particularly in the smaller hospitals. Such defects, even though combined with the best intentions on the part of superintendent and board, spell waste of money. Men and women with business experience only are too often unable to grasp hospital policy, or to adapt business methods, as they must be adapted, to the network of medical, personal and community relations which surround them in the hospital.

The Faithful Nurse

REV. JOSEPH C. BOOTH

Dedicated by the author to Miss Kate J. Rich of Brandon, Vermont, one of the first graduates of Bellevue and first superintendent of the Mount Sinai School of Nursing, New York.

The art of nursing is a gift of God,
Where cultured brain with heart and hand unite
And noiseless feet that tread, as Jesus trod,
In healing ministries. The nurse—with light
Of knowledge she obtained in nursing schools—
Combining intellect, affection, will,
Now executes the doctor's strictest rules,
With tactful art and scientific skill.

What patience and endurance she maintains,
Inspiring hope within the patient's breast;
In that sickroom the white-robed maiden reigns,
Demanding God's pure air and peaceful rest.
Long may the schools produce this type of nurse,
Who lives to serve, not for a heavy purse!

Nursing in Summer Camps

THE "Journal" receives frequent inquiries and the Joint Vocational Service, 130 East 22nd Street, New York City (the official Vocational and Placement Service of the National Organization for Public Health Nursing), receives every summer a growing number of requests from organizations to assist them in finding nurses for summer camps, vacation homes for children or for mothers and children, and for vacation relief work in public health nursing services. Interested public health nurses, particularly those with school nursing experience, should register as early as possible and not later than May 15.

There is a slight demand in camps for nurses without previous public health experience, if they are the type who can readily adapt themselves to a rough and ready outdoor existence, including the wearing of knickers or bloomers and heavy shoes, versus starched white uniform and white shoes. Most of the opportunities are in the northeastern section of the country, with a few scattering positions in the middle west. The compensation ranges from maintenance and transportation only, to $125 a month, with maintenance. The usual salary is $75 to $100 a month, with maintenance. While the positions offer outdoor recreation, the nurse is usually kept comfortably busy, particularly in a camp conducted as a philanthropic enterprise. Any such position is another opportunity to teach health and set a health example.—EDITOR.

I

In a Private Camp

GRACE A. WILLS, R.N.

IF one enjoys sports or has a keen appreciation of the open spaces and likes to live close to nature, camp nursing in a private camp will be a most happy way to spend the summer months. It is not always possible to frolic and play near the mountains and lakes for two whole months, and at the same time earn a reasonable salary. From the nurse's point of view, here is one way to escape from starched uniforms, dignity, and distressingly ill patients; to bask in God's sunshine and to live with happy, healthy children; to fall asleep under the stars and know that it is good to be alive and to follow her chosen profession.

A great deal of the work is out in the open and most of the diversions are in camp. In private camps there is always some time for swimming, block printing, weaving, or making jewelry. If the nurse wishes to ride or to join a climbing trip, arrangements can be made with some one to take her duties while she is gone; perhaps the camp doctor, if there is one, or a counsellor in physical training.

Camp directors expect the nurse to be a competent, conscientious person who is capable of giving first-aid care, one in whom the campers may confide. In other words, the camp nurse must play the part of a mother and comrade, with nursing experience, who does not hesitate to call for a doctor's advice when there is any question of doubt in her mind. One who does school nursing will find this type of work fits in admirably. If she happens to be in a private school there will be part of June for a complete rest, and then camp—July and August—leaving September, perhaps, for

hospital duty, to keep in touch with new methods.

There are those who prefer to live in the Rest House, as the infirmary cabin is called at my camp, but it is more fun to live right in the camping grounds, if it is a girls' camp, as it gives a spendid opportunity for close contact with the campers and counsellors. The nurse should live in a tent or shack without children. Some large camps are most fortunate in having an experienced doctor living in the camp, and his presence is a great comfort to the nurse. If this is impossible, it is better to depend on the best physician or hospital near by, rather than to have an inexperienced medical student who will be inclined to take just a little too much responsibility for the good of the camper. A short time of indecision over the diagnosis of a case of appendicitis may mean a great deal to the life of the camper, to say nothing of the worry and anxiety of the nurse who is used to working with experienced doctors and must appear loyal to a less efficient medical officer.

Preliminary Work

AT my camp we send a health card [1] to the parents of each applicant, to be filled in, just before camp opens, by the family physician and the parents. The card is brought by the camper. In this way there is less danger of anyone bringing a contagious or infectious disease to the group.

Examinations

AT the opening and closing of camp, an inspection is made by the nurse, with the aid of an assistant counsellor, taking records of height, weight, chest expansion, corrective work needed on posture and feet, noting also any inflammation of eye, ear, nose or throat, and always having a glance for a suspicious rash. A doctor should examine the heart and lungs to decide whether the camper is equal to mountain climbing and strenuous exercises.

After these examinations have been completed, the nurse is in a position to advise the head of the camp as to the activities from which a camper must be debarred or the things which she well might stress.

Records

TO the health card brought from home and the card of the examination made at camp, may be attached a blank card for notations of illness or accident during the camp season, with a fervent wish that there will be neither. Truly there is comparatively little sickness in a healthy, well situated, well conducted camp. At the examination on the close of camp, it is very interesting to see what has been accomplished. A copy of the health record in camp is sent to the parents, with suggestions regarding any physical difficulties which may have been observed by the camp doctor, and the apparent advantage or disadvantage of group living for their child. Perhaps there may be some other bit of advice appreciative parents would be glad to have.

In the daily routine it is best for the nurse to set a definite time every morning and afternoon for holding dispensary.

Height and Weight Charts

A WEEKLY check in weights is quite necessary. Here is splendid opportunity to find out whether the underweight children are gaining or, if not, whether they are neglecting to take sufficient rest and the crackers-and-milk lunch furnished at our camp

[1] The standard medical certificate of the Camp Directors' Association.

in the forenoon, afternoon and evening. Perhaps they are carrying too strenuous a program. Ambitious campers often need a few words in a friendly way and later a caution to their counsellors. And what of the stout ones? They should be enjoying long

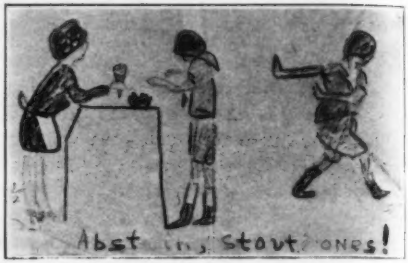
FOOD FOR THE SKINNY

hikes, the length being increased gradually. Perhaps this stout child who is constantly overweight craves too many second servings at mealtime.

A very effectual chart, and one that caused much interest, was made and illustrated by two campers on a rainy afternoon, when they were kept in the rest house for slight colds. The original sketches, reproduced herewith, indicate that the advice about underweight and overweight had been appreciated.

Group Instruction

THE counsellor in charge of a camp is usually glad to allow the nurse a certain amount of time in the morning gathering, to give short, informal talks concerning the health of the camp. The first one of these may be on making and airing beds. A contest for the best bed will give a more lively interest. If two cots are placed out in the open field, there is plenty of room to work and all can see. The bed-making hour, the following week, will be filled with discussion about "hospital corners."



ABSTAIN, STOUT ONES!

One of the most important talks is on prevention, for that is the secret of keeping your camp children well. Put it from the standpoint of duty to each other, explaining for instance how colds are contracted, and the importance of reporting to the nurse at the very first symptom. In this connection you may impress the campers with the necessity of keeping warm and dry. If everyone with a cold is isolated at the first sign of coryza or temperature, there will be comparatively few through the season. It is best to tell the children to use Kleenex or soft paper napkins during the coryza stage, and to place them in paper bags to be burned.

If the campers are shown the necessity of taking care of very minor breaks in the skin at the time of injury, it will be a good bit of education for them and will prevent more serious conditions. Encourage them to come to you for first aid and by your attitude when giving it, you can often teach them to take small hurts cheerfully. When the mercurochrome swab draws a funny little picture on the scratched hand or foot, the episode becomes less disagreeable.

In speaking of rest period or of taps, it is well to stress the advantage of gaining reserve strength for long hikes and the various trips they like to take. Only those who are physically fit are eligible for these trips.

Rest Periods

A relaxation period of forty-five minutes before dinner and supper is quite essential to prevent eating immediately after a strenuous activity, when one cannot digest food properly. This time may be spent in taking a sun bath, or small groups may relax under a tree while someone reads aloud.

The rest period of about two hours after the noon meal has proved to be most important. During the first half hour of this period, each of our campers relaxes on her cot. After that those not asleep may read, write letters, or do some quiet handcraft; but they must not disturb anyone who wishes to sleep during the entire period. Children living in a group and doing active things require this period of rest. A noontime rest is taken when campers are away on trips, but not always for so long a period.

Diet

AT our camp, "abstaining" is another important topic. Campers are not allowed to keep any food in their tents or cabins. Candy may be served on certain days, after dinner, by the dietitian. Candy sent from home is kept in the icebox and is passed around the tables at this time. It is against the rules of a good camper to eat between meals except at cracker-and-milk time. Fruit may be taken if preferred. An understanding and appreciative dietitian keeps in touch with the nurse about menus. It is never best to give a heavy meal to very tired children. A wise dietitian will give them a light, easily-digested meal and then, after they are rested, a more substantial one at the next mealtime. One of the most enticing things a nurse can have in her shack is a case of raw prunes. These will save laxatives. Of course they must be kept sealed or in a covered earthen jar. It is surprising how good raw prunes taste in camp. One camper was known to write home for prunes, and how she spurned the elaborate box of stuffed, candied prunes which was sent her! She wanted the common, ordinary, raw variety.

Hygiene

EACH camper keeps a card for the record of elimination, brushing of teeth, hot baths and shampooing. When speaking of menstruation, advice should be given to a group including the eleven-year-old girls in order to avoid embarrassing situations. The question should be approached in a delicate way, to prevent undue alarm, since it is always possible that their mothers have not spoken of it to them. Of course, this is the time to tell them what activities may be indulged in during this period. Camp life is very different from their usual mode of living and the effect of altitude or activities may be to alter the date of menstruation or even cause a period to be omitted. For sanitary purposes, paper bags should be furnished the girls at this time.

Emergencies

IT is wise to have a small first-aid kit placed in each center of activity to be used by the counsellor in charge when necessary. The camper may report to the nurse at the next dispensary hour, or before, if it is urgent. After a deep injury or one sustained near the horses, the camper reports to the nurse immediately after first aid has been given, to forestall any danger of tetanus.

Each person in camp should be present when the nurse instructs in the giving of first aid for fainting, fracture, sprains, blisters, removing foreign

bodies from the eye, and the care of burns. It is necessary that everybody be able to recognize poison ivy, and that they should know such a simple remedy as a lather of brown soap, at once, over the exposed part of the body. Snake bite is an emergency which never arises in some camps, but in those located in districts where copperheads or rattlers are found, it is one which must be met sometimes. Every camper should know that the first thing to do is to apply a tourniquet above the wound, to prevent as much as possible, the circulation of the poison. This should never be left on continuously, but loosened for a short time every twenty minutes or so, to prevent gangrene. The Antivenine, or Brazilian snake serum, now prepared by the Mulford Chemical Company should be in every first-aid kit, in localities where venomous snakes are found, and although the initial cost is high, it will keep for five years, and the knowledge that this protection is at hand will remove one worry from the nurse's mind.

Before starting on a trip each camper should report to the nurse for her approval. The counsellor who is to be responsible for first aid comes to the nurse for the kit, and when she returns it, she gives an account of any injuries sustained.

Sanitation

THE sanitary conditions of the camp are not usually the responsibility of the nurse, but she should, of course, call the attention of the authorities to any objectionable thing which she notices. Before the opening of camp it is important to ascertain that there are no typhoid carriers among those who will handle the food. The milk and water supply should be tested by the Board of Health of the vicinity.

Supplies

IT is necessary to use a goodly amount of ingenuity when it comes to supplies, as most camps do not have the elaborate equipment of a hospital. A great saving may be made for the camp if most of the supplies are ordered in advance from a wholesale house. The following supplies are always necessary, in amounts relative to the number of people in camp:

Band-aids, for minor dressings
Tongue depressors
Applicators
Absorbent cotton
Alcohol
Iodine
Mercurochrome
Adhesive plaster
Bandages, sterile and unsterile
Sterile gauze
Good nasal and throat antiseptic
Milk of magnesia
Mineral oil
Carron oil (excellent for sunburn)
Aromatic spirits of ammonia

A good camp nurse will keep in touch with the health of every member of the camp, from the directors to the humblest workers. If the camp is not too large, it is a good practice to visit each tent or cabin during the latter part of the rest period or just before taps at night. To keep up the morale of the camp, any counsellor or camper who is not able to carry on with a smile and to come to meals, needs to be in the Rest House away from the group.

A certain amount of correspondence with parents is indispensable. Many families feel anxious about the health of their children when they are away from home, and it will win their confidence if the nurse writes fully to them when there is any illness. I have learned also that a child can write a most alarming letter home about a mere scratch!

The counsellors of the younger

children can help very much in keeping their little families well, with the nurse's guidance. To know each individual and to gain her confidence is a privilege and a duty, and will add greatly to the interest of your work. In this way everyone in camp will be your comrade and helper in keeping herself and others well, and the summer months are sure to be happy ones.

II

Camp Nursing under a Welfare Organization

MARY M. A. WEISS, R.N.

"IT sounds lovely. You probably have lots of time to read and embroider."

"It *is* lovely. But I don't get much reading or embroidery done."

This bit of real conversation tells much about the fresh-air work of the Association for which I feel it a privilege to work. The nurse who hopes for a real vacation with pay, should not apply for summer work in camps or homes run for the underprivileged who are cared for by welfare organizations.

Certainly mountains and seashore, woods and fields are inspiring, beautiful, and refreshing and there is a deep satisfaction in helping these folk to laugh, and rest, and weave bright memory pictures into the gray warp of their lives. The wear and tear of city traffic, noise, heat and smells, give way to an easier routine, as a rule, and perhaps there is not the same necessity to work by the clock, but the hours for the nurse are apt to be longer in camp than for the city worker.

It seems as if there should be as many types of women doing this work as there are types of camps. The range is very wide, and those successful in one field might easily not suit nor be suited to another. In one of our Association's vacation homes, accommodating over three hundred mothers and children, one nurse is on night duty making rounds at regular intervals. One is kept busy preparing formulae for the babies. A third nurse is in clinic during the day. The day nurses are free two hours, thus having a ten hour service each day. In the smaller camps, to which children are sent without parents, the responsibility of the nurse increases, especially if a physician is not in the vicinity, and she may be said to be never entirely off duty.

As in the private camps of the well-to-do, a physical examination is required before a child is accepted, so it is expected that there will be no real illness when the children first come. Nurses are always on the lookout for contagious whoops, rashes and swellings. Sunburn and ivy poisoning, stomach-ache (shades of the unfamiliar fruit orchard!) and bumps come up for sympathy or treatment. If the latter are "happy bumps," the shrieks are apt to be loud and one doesn't need to worry, but once in a while there is no noise and there really is a "hole in Jenny's head," or Anna is cyanotic over a jackstone which she tried to swallow and which lodged in her larynx, the laundress runs her hand into the wringer, and despite the x-ray report of "no fracture," the swelling takes two weeks to disappear. To ease forty youngsters who have been stung by bees is not *hard* work, if the ammonia bottle is handy, but it takes time, and the nurse who is

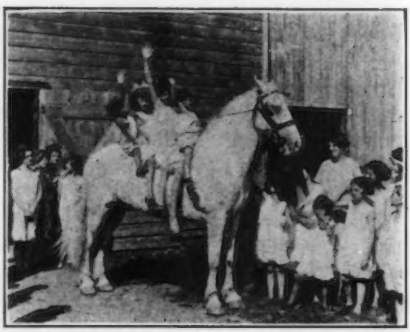
MANY OF THE CHILDREN LEARN TO LIVE UP TO THE TABLE SERVICE

supposed to be off duty at such an hour just finds herself working—that's all.

The nurse takes up the children suffering from enuresis and the wee people at night. It is she who listens for the cry of the frightened child or the one who, missing her usual numerous bedfellows, falls out of bed, because it is the nurse who is trained to have her sleep broken and still carry on the next day. This is not difficult work—simply constant—for the worker with a good deal of mother in her make-up. (And what good nurse has not that?)

Then there are *heads*, if the guests in camp happen to be girls. The modern style of bobbing hair is a tremendous help, but even bobbed hair must be fine-combed if children without home advantages remain together for three weeks and put their small heads together in the sandbox or in excitement over some wonderful new discovery of the country. I know there are folk who think that a thorough head examination before departure for vacations is all that is necessary. It has been my experience that many children whose heads seemed clean upon arrival, developed tiny pediculi by the second day following. This is no longer surprising to me since I have learned that newly laid nits are close to the scalp and many of the infested heads are cleaned of the nits lower down on the hair just prior to the examinations.

At the fresh-air home in which I



THEIR HANDS *Do* GET TOGETHER, YOU SEE

THE DORMITORY

work, there is an attempt to do more for the children than to have them gain in weight. It might really be called a training school though we try not to have the little ones know that. Ours are apt to be girls who have malnutrition or need to learn to eat, or play or mix with others. The ideal set before us is to show them how a real home might be run and how to get more happiness out of life.

The table service is dainty, and it is a constant source of astonishment to note how often children who have never eaten at a table, change from rough little pushers to ladylike people. "Why pushers?" "Because some would never get anything in their world without grabbing!" We do not labor under the delusion that all the improvement lasts, but we have faith to believe the effort is not all lost. To accomplish such results, we eat with the children, for much of the training, though hidden, is *served* at the table. I shall not enlarge on the first awful breakfast with its oatmeal and cocoa trials. After a few days, children and workers are almost always good comrades and remain so throughout the vacation period.

Small children who are learning that one of the health rules is to

> Take a bath once a week.
> Be a real sport—take two.

need the nurse to help them obey the rule. Even larger children need a bit of her teasing inspection as they sometimes vigorously scrub their knees and forget necks and faces. One observant little girl was overheard summing up the worker's status rather aptly: "Miss W. and Miss S. (nurses) they mend yer clothes, wash yer and

learn yer how to clean, but Miss H. (play director) she plays the pianer and takes yer to the river. *She's* a lady!"

As each camp has a different set of requirements for the nurses in regard to customs and costumes (sport clothing, simple wash dresses or uniforms), the applicant would do well to write in the early spring, asking for information about these things, and stating in brief what are her own qualifications for the position. Time and correspondence may be saved in this way. A cheap snapshot may be enclosed and sometimes serves to introduce the applicant.

I have stressed the difficult side of a nurse's life in a fresh-air camp for poor folk, because there seems to be a mistaken assumption on the part of some nurses who write: "I've not been very well and would be very glad to get to the country for the summer." Many a nurse who has not been well can take just such a position and improve physically while in it, because occasionally the work can be made easy for her. This cannot be done in all camps, however, especially not in camps for which no charge is made and in which the nursing staff has large responsibility and real work.

There is a joyous side to the picture: the freedom from routine, the homey atmosphere, the privilege of seeing many a plain, shy youngster bloom under the warm touch of friendship, the opportunity to teach health, the chance of a lifetime for developing one's understanding of childhood and for bestowing a bit of affection where often there has been little or none.

Two gawky, unattractive children remained awake for the nightly visit of one of our staff members. After being tucked in, one child said: "For why you kiss?" "Why, dear, I want to do just as your mother would, so you won't miss her." "But she don't," came bluntly from the child. We all disapprove of promiscuous kissing, but when it is too dark to see a germ and one plants a kiss hygienically upon a cheek or neck—well, I defy any nurse not to enjoy a job that gives her a chance in a case like this.

Awards for Unpublished Articles about Social Work

A FIRST award of $300, a second award of $200, and other awards of $50 each at the discretion of the judges are offered by the Harmon Foundation, New York, N. Y., in consultation with the Social Work Publicity Council for the best unpublished articles in which social work is popularly presented with a view to publication in a magazine of general circulation. Child guidance, child welfare, the public health nurse, probation, and various other fields provide rich material for human and graphic pictures which interpret social work.

Manuscripts must be in the mail not later than midnight on September 15, 1929, when the contest closes.

One or more articles may be entered by any individual or organization.

All manuscripts must be typewritten double spaced and on one side of the sheet only. They must be mailed flat. A manuscript must not be signed with the real name of the author, but with a pen name. Neither the author's address nor any other indication of identity may appear on the manuscript. Accompanying each manuscript shall be a sealed envelope bearing on the outside the title of the story and the pen name of the author. The envelope shall contain an enclosure bearing the title of the article submitted and both the real and pen name and address of the author. The sealed envelope should also contain postage if the author wishes the manuscript returned.

The author should keep a copy of his manuscript in order to offset any possible accident to the copy sent, since the Harmon Foundation cannot assume responsibility for lost or damaged manuscripts. Manuscripts should be addressed to: Harmon Foundation, 140 Nassau Street, New York.

The Early Diagnosis of Tuberculosis[1]

The Rôle of the Nurse in an Exceedingly Important Activity Sponsored by the National Tuberculosis Association

J. A. MYERS, PH.D., M.D.

FROM the beginning of history to the present, we find that tuberculosis has truly been the great enemy of man. We see references to this disease on the Babylonian tablets, we read clear descriptions of people suffering from it in the old Greek manuscripts and we find unmistakable evidence of it in the Egyptian mummies who lived 3,000 and more years ago. We find many references to it in the literature of more modern times. As we read the poems of William Cullen Bryant, there appears one entitled "Consumption" in part as follows:

The fields for thee have no medicinal leaf,
And the vexed ore no mineral of power;
And they who love thee wait in anxious grief
Till the slow plague shall bring the fatal hour.

In the writings of Charles Dickens, (Nicholas Nickleby) there is the following touching description of those suffering from this disease:

There is a dread disease which so prepares its victim, as it were, for death; which so refines it of its grosser aspect and throws around familiar looks unearthly indications of the coming change; a dread disease, in which the struggle between soul and body is so gradual, quiet, and solemn, and the result so sure, that day by day, and grain by grain, the mortal part wastes and withers away so that the spirit grows light and sanguine with its lightening load, and feeling immortality at hand, deems it but a new term of mortal life; a disease in which death and life are so strangely blended that death takes the glow and hue of life, and life the gaunt and grisly form of death; a disease which medicine never cured, wealth never warded off, or poverty could boast exemption from; which sometimes moves in giant strides, and sometimes at a tardy, sluggish pace; but, slow or quick, is ever sure and certain.

Although the death rate from tuberculosis has been materially reduced, there are still between 80,000 and 90,000 deaths reported from this disease, in the United States alone, every year. I have no doubt that if all cases were known, including those who die in a few weeks from galloping consumption, in whom the diagnosis is not made, the number of deaths in this country would well exceed 100,000. Thus we see that almost twice as many lives are lost each year from this disease as our nation lost in the great World War.

The National Tuberculosis Association set aside the month of March, 1928, for an educational campaign for the early diagnosis of tuberculosis. This was done after that association, with many years of experience and study, had become convinced that what we most need to control tuberculosis is the early diagnosis of the disease. This campaign was so successful that the National Tuberculosis Association decided to repeat it during the month of April, 1929. Throughout this country approximately 84 per cent of the patients being admitted to institutions for the treatment of tuberculosis are suffering from moderately-advanced or far-advanced disease. If tuberculosis of the chronic form is diagnosed early and the patients are treated properly over a sufficiently long period of time, many recover, but if the disease has reached the advanced stages, the number of cases of recovery materially decreases

[1] Read before the Kansas City nursing organizations and the Kansas City Tuberculosis Society, March 13, 1928.

as the stage of the disease advances. To take all chronic cases in the early stage of the disease and to treat them properly, would mean to reduce tuberculosis to a minor cause of death in a short period of time. But in attempting to do this we meet with numerous difficulties. This leads to the question why approximately 84 per cent of the tuberculous patients admitted to our institutions today have advanced disease. The outstanding reason is that chronic tuberculosis often develops so insidiously that its victim is not aware of its presence until the disease is well advanced. Weeks and even months may pass after the disease begins to develop, before any symptoms are noticed and when symptoms do appear they are so slight that the patient does not feel justified in reporting for an examination, to seek the cause of his slight disturbance. He may feel only a little fatigue at certain times of the day; perhaps he has lost just a little weight and yet, if these mild symptoms continue, the annoyance may cause him to discuss them with relatives and friends and all too often some friend convinces him that, because he leads a life rather free from physical activities and works indoors, all he needs is a great deal of physical exercise and out-of-doors life. Such patients will be found rolling on the floor and taking all sorts of violent exercise to victrola music and sometimes, as summer approaches, they will take up some violent form of out-door exercise in an attempt to increase the body weight or get rid of fatigue. How foolish, when we consider these two symptoms, to do just the things to get rid of them that everyone knows cause them. I well recall, a few years ago, a man came in for an examination, and stated that about a year before he had noticed the sense of fatigue and slight loss of weight with some other mild symptoms. His friends advised that he should get out of doors and do a great deal of work; as spring approached he joined a golf club. He was financially able to give up his work for the most part and spend long hours at playing golf. Time passed and his symptoms did not improve, in fact they increased, but every day he hoped that he would feel better tomorrow and every week he hoped that he would feel better next week, but finally toward the end of the day while playing golf it seemed almost impossible for him to get one foot ahead of the other. He was convinced then that it was not physical exercise that he needed. When he reported for an examination he had advanced disease. In other words, in nearly a year he had lost his best chances of ultimately recovering because of the insidiousness of the onset of his disease, and because he had accepted the advice of a friend who knew nothing about matters pertaining to health. This mode of onset is by far the most common in chronic tuberculosis, is by far the most dangerous to the patient, and is by far the greatest cause for the patient's first reporting for an examination after the disease is advanced.

There are other causes for the advanced cases of tuberculosis and among them is refusal on the part of patients to see a physician when their relatives and friends, as well as they themselves, know that they are definitely ill. Some are stubborn, some have a fear of being told that a serious disease exists; they far prefer not to know it. Recently a woman suffering from tuberculosis who is making a good recovery, told me that her husband is a little below par and that she is doing all in her power to get him to be examined but he states that if he has tuberculosis he doesn't want to know it. In other words, he is afraid

that the disease does exist and apparently he does not want to face the fact.

Then there is a group of people who have their disease detected early but refuse to accept the diagnosis and treatment until it has progressed to an advanced stage.

Another group consists of people who, when their disease is detected, accept treatment but after a short time become over-confident and give it up. This is often because they liken tuberculosis to a self-limited disease, such as tonsillitis or pneumonia, one which is not longer of any significance when the symptoms disappear. They look well, feel well and their friends insist they should be working. They give up the treatment and do work, but many of them come in later, not with early tuberculosis but with advanced disease, having lost their best chances of complete recovery.

We must not overlook the fact that in some people, perhaps more than we realize, tuberculosis is an acute, rapidly progressing disease. A person who has been carefully examined, perhaps for contact exposure, is found to be free from any definite evidence of tuberculosis and in a week or a month, massive disease exists. Observing physicians have seen this many times and, so far as we know at present, there is no way of preventing the disease from becoming extensive in such cases and unfortunately in most of them we know of no way of saving the lives of these patients or even extending it. I have no doubt that many such people die every year from this disease without a true diagnosis being made. They are believed to die of unresolved pneumonia and other non-tuberculous conditions. They may be found in a good many of the general hospitals at some time during the year.

The medical profession has been severely criticised for mis-diagnosing cases of chronic tuberculosis in the early stage. Much of this criticism is not justified because of the insidiousness of the onset and the fact that the patient does not apply for examination until the disease is advanced, but beyond doubt there are cases in which the diagnosis is missed and in which treatment is not begun until after the disease has advanced. The two chief reasons for this are: Medical schools in the past failed to teach physicians the diagnosis and treatment of tuberculosis. Second, physicians sometimes become so busy that they do not take time to carefully examine the patient. I firmly believe that the latter is by far the more frequent cause.

The question arises as to what part the nurse can play in the early diagnosis campaign. One nurse says, This is a problem entirely for the physicians since it deals with diagnosis, therefore the nurse should have nothing to do with it. There are two outstanding reasons why the nurse should play an active rôle not only during this month of intensive work but in all the months of her active service: First, she is exposed to tuberculosis a great deal and she must protect her own body from attacks of this disease. Every year a large number of nurses, some pupils and others graduates, fall ill with tuberculosis. Many of them express regrets that they had never been informed of the necessity of early diagnosis and not a few state that they have been taught nothing worth while about this disease while in training. It is a terrible situation when such important health workers have omitted from their course of study one of the major diseases of all times. To grieve over this situation will not solve the problem. It behooves every nurse to inform herself sufficiently about tuberculosis so that it will not attack her

body and reach an advanced stage before it is detected. The early diagnosis campaign should stimulate each one to become so informed. In the second place, the nurse should play an active rôle because this is largely a campaign for educating the public and of all public-health educators, the nurse represents one of the most important groups. Because of her training in health matters she easily secures the confidence of the people and if she knows her subjects she teaches them effectively. Therefore, the nurse can do a great good in the control of tuberculosis.

There are certain things that the nurse should emphasize in her teaching of the public as far as tuberculosis is concerned. She can teach the public to demand careful examinations for tuberculosis and she can give them some information as to what constitutes a careful examination, in order that they may be capable of judging.

A careful examination for tuberculosis consists, first, of a well taken history. This includes many facts about the patient's past life as well as the present symptoms such, for example, as history of prolonged exposure to tuberculosis. All the symptoms must be ascertained but there are two so outstanding that the public should know about them. The first is pleurisy with effusion. A high percentage of people who have, in the past, suffered from pleural effusion in the absence of other acute disease later develop tuberculosis, therefore such cases should be kept under careful observation over long periods of time. Approximately 90 per cent of these people have tuberculous pleurisy, and if not properly treated over a sufficiently long period of time, a considerable number of them later report for examination after the disease has extensively involved the lung tissue. Therefore, everyone who has had pleurisy of this kind should be taught its significance. The second symptom is hemorrhage from the lungs of a dram or more of bright red blood. Our present statistics show that more than 90 per cent of such people are suffering from tuberculosis of the lungs. The nurse should also inform the public that not all people who have hemorrhage from the lungs have advanced tuberculosis; in fact, many people have hemorrhage as the first manifestation of the disease. But most of all we should let the public know that when a teaspoonful or more of bright red blood is expectorated from the lungs, tuberculosis is the most likely cause.

After the history has been taken, a careful physical examination must be made. No physical examination can be well made except when the clothing has been removed above the waist line. Within the past five years I was examined for life insurance when the physician actually listened for heart sounds without removing my overcoat. Even the thinnest piece of clothing interposed between the chest piece of the stethoscope and the surface of the chest, materially interferes with the examination.

The first phase of the examination consists of careful inspection of the chest. Perhaps the two sides of the chest wall do not expand equally. This gives the physician much information. Perhaps one side of the chest wall is depressed or sunken. This gives the physician considerable information and there are many other points which must be taken into consideration in this phase of the examination. The second phase consists of careful palpation over the surface of the chest, to determine whether the muscles on the two sides are similar in development, tone, etc., to determine whether

the subcutaneous fat is deposited equally on the two sides. Inequality in muscles or subcutaneous fat on the two sides may give the physician much evidence as regards the condition of the organs within the chest.

The next phase of the examination is percussion, and if this is done carefully a good deal of information is obtained. The last phase of the examination is auscultation. For this phase the stethoscope should be used, rather than the direct method of placing the ear over the surface of the chest. There are several steps in auscultation, but two of them are exceptionally important. The first is to have the patient whisper "one, two, three," or "sixty-six," or "ninety-nine" while the physician listens carefully over all parts of the chest; the second is to have the patient exhale, cough, and inhale deeply while the physician listens carefully over all parts of the chest. These two procedures will often bring out evidence of disease when all other physical signs fail.

After the physical examination has been completed, any suspicious material such as effusion from a pleural cavity or sputum from the patient's lung must be sent to the laboratory and be most carefully examined for the germs of tuberculosis, but the public must come to know that failure to find the germs of tuberculosis in a single specimen is of no significance whatsoever; that is, it does not mean that tuberculosis is absent. Often we see twenty-five or fifty negative reports and the twenty-sixth or fifty-first report will reveal tubercle bacilli in abundance, yet how frequently we see people, and sometimes even physicians, send a single specimen of sputum to a state or municipal laboratory and when the report is negative to tubercle bacilli, insist that tuberculosis does not exist, that the cause of the symptoms is chronic bronchitis, a persistent cold, a mild asthma, etc.

By this time, if tuberculosis is present in an advanced stage, the diagnosis probably will have been made. But if there is not yet sufficient evidence, the next step in the examination consists of x-ray studies. First a fluoroscopic examination is made to determine whether the diaphragm moves equally on the two sides, whether fluid is present in the pleural cavity, whether extensive disease exists in the lung, that was not revealed by the physical examination, etc. If there is still any question about tuberculosis, most certainly stereoscopic x-ray films should be made. Fluoroscopic examination is too crude to bring out the finer details in the lungs and it is only stereoscopic films that give us such detail. Not infrequently these last steps in the examination reveal an area of disease of significance that was missed by all other phases of the examination.

This complete examination having been made, the public must be taught to demand a statement from the physician; in other words, a diagnosis. It is true that there are some cases in which the evidence is still insufficient to make a definite diagnosis but this number is very small as compared with the number in which the physician can say that tuberculosis does or does not exist. There are people today who believe that x-ray examination or sputum examination is all that is necessary in the detection of tuberculosis. They will send a specimen of sputum to a laboratory or will go to the x-ray laboratory and have films made and will never seek the result of the examination. In other words, they seem to be satisfied or feel that they have done their duty. After they have had this much of the

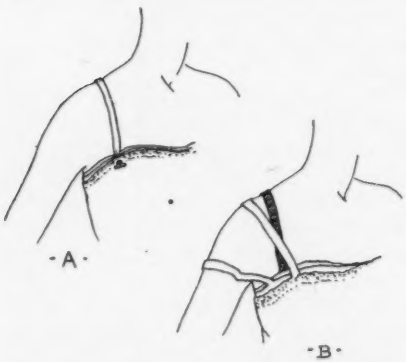
examination made, they are apparently indifferent as regards the outcome, or perhaps some think that if anything is definitely wrong they will be informed through some agency. This is a wrong attitude on the part of the public and it is only through education that we can bring people to the point where they will demand full knowledge of all that has been found for or against the presence of tuberculosis. Thus the nurse has a tremendous rôle to perform in the present early diagnosis campaign.

The Wide Range of Modern Lingerie[1]

ELIZABETH MACDONALD OSBORNE

WHAT is worn underneath is largely responsible for your physical appearance and your state of mind. Correct lingerie gives not only correct contours but a certain self-respect which is even more valuable than a good figure.

The entire technic of modern underlayers is more sensible and at the same time more attractive than any



articles which have draped our bodies in a long, long time. Everyone should check up on what she is wearing and see if she has made the best choice for her particular needs, and to help her we'll run over some of the possibilities.

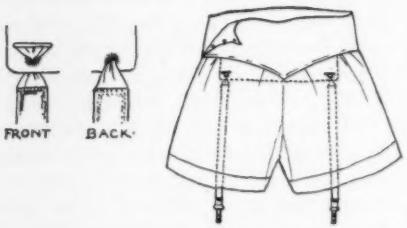
Beginning at the skin, there is the question of the bandeau. If you are fairly slender but need some sort of breast support it should be worn next the skin. Boyish fronts were never beautiful and they are no longer smart. The natural curves of the body are confined, but not suppressed, except when the curve of the hip is out of all proportion. And the general proportion which the modern woman aspires toward is a waist line that is four inches smaller than her bust and eight inches smaller than her hips. To return to the bandeau, choose an uplift variety and let a good corset saleswoman try different ones on, until she has found the best one for you. If you are stout and wear a corset, the brassiere must go over the corset.

The next layer is a variable quantity. You find it on some and not on others. Those who still like to wear a vest have their choice of Italian silk or rayon for practical purposes; both are easily washed and dried and can thus be kept immaculately clean. The chief reason for wearing them is to keep the corset clean and to protect the dress from perspiration. Be sure to get these small enough to fit without wrinkles and extra long, if you happen to be a long lady.

Then comes the question of your supporting garment. The elastic

[1] This article is offered because, although outside the usual scope of *Journal* articles, it offers practical help with the problem of "grooming" which is so important to nurses. Probably the members of no other profession have a reputation for being better groomed than nurses.

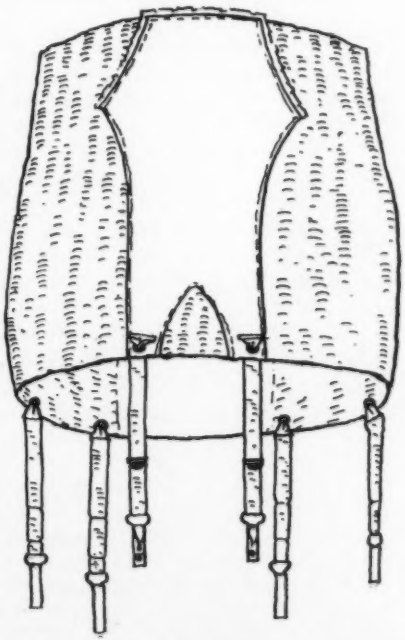
step-ins are the most popular form of hip support and are excellent if one does not try to wear them for too long a time. If they are carefully aired and kept on an open shelf, instead of in a drawer when they are not in use, they will keep their shape longer. Many large figures prefer a corselette



and most of the ingenuity of the corset designers has gone into these. They are figure-molding but are usually boneless. These move some of the hip flesh up into the waist and help make the waist line more nearly in proportion to the rest. They are made of the softest fabrics, sometimes two thicknesses of strong net, again of French batiste (both for warm weather); a double piece of crepe de chine forms another, and soft swami silk with jersey silk top, still another. The bandeau section is shaped to suit all figures. The important feature of any hip garment is that it should come well over the curve of the buttocks. You should never think of buying such a garment without being fitted by an expert, for what is right for your friend may be all wrong for you. (Some of these corselettes are cut very low in the back for evening wear and all are lower in back than in front.)

There are some very slender figures that do not need, or at least do not wear, any supporting garment. For these there are all sorts of singlettes. One is all of soft Italian silk with molded bandeau top, slightly fitted middle section ending in shorts or modified bloomers which snap at the side. Under these can be worn a garter band and over them the dress. There are others which give a little more support; the middle section is lined with stronger fabric and in this are fastened garters so that no garter band need be worn.

Next comes the question of shorts or bloomers or what you will. They are usually of rayon or Italian silk and sometimes of crepe de chine, silk net or chiffon. There is a newcomer this year, or rather an old friend returned in figured form. Bloomers and shorts in figured cotton will be very popular, especially for sports. Shorts are splendid for the athletic type of figure.



But this brings us to an important problem. Some of these corselettes and corsets are finished with a narrow ruffle of silk or lace with a connecting band and this suffices, or is supposed

to, for the garment discussed above. The bad feature of this is that there is apt to be a length of bare leg showing when the leg is crossed, and this is never beautiful, nor is it good grooming. It is also apt to happen with the shorts and semi-bloomer finishes, so if you choose to wear this sort of thing you must select your hosiery carefully and be sure to measure the length of your stocking leg and buy only those that are long enough to come way up. The tall girl must buy extra length. Some manufacturers make three different lengths of hosiery in each box. The average length is twenty-eight inches but you can get them three inches longer. Then be sure to shorten your garters so that they reach only to the top.

There are some practical new tricks in garters. These always take the longest to dry and are somewhat damaged by washing, so now they are fastened into eyelets and can be detached easily when the garment is to be washed. They also swing at the side much better than when they are stitched tight to the edge. After all, the leg does not go up and down but back and forth. In the same way, shoulder straps have been made detachable and a very clever invention makes it possible for anyone wearing as many as three garments which hang from the shoulder, to have them all on one strap. For this, eyelets which come with the straps are sewed into the garments as soon as they are purchased, then the ribbon straps, with ribbon covered metal ends, slip through all the eyelets and there you are, all on one strap instead of the two or three straggling ones which we hate so to see. Another advantage in these is that they can be changed when there is not time to put on clean lingerie, and a black or flesh net one can be substituted when wearing a sheer frock. They are on sale at notion or corset departments. The garments are attached before putting them on and any bandeau or corselette can be hooked up underneath even though a slip does hang over them. Corselettes will be on the market, after March first, which are eyeletted for both straps and garters.

Slips are still worn with sheer dresses. They should always be of silk. Crepe de chine or georgette is best. Rayon is too slippery and is apt to hang in folds below a skirt, when seated, and sateen is not slippery enough. Short petticoats are sometimes a wise substitute for the slip. Wrap-arounds, that lap double across the back and are gored at the top, are shadow-proof and excellent for large figures.

Cord Dressing

AGNES S. HUNT, R.N.

IN my work as visiting nurse, doing principally bedside nursing, I have used a method of dressing the protruding umbilicus in babies which may be of value to others in this work.

I have had several cases where the navel protruded sufficiently to cause alarm to the mothers. I use the pasteboard cover from a milk bottle, wash it thoroughly and enclose in a thin pad of cotton or gauze, then place over the umbilicus and apply a reasonably firm binder, catching the pin which is directly over the dressing through the outer layer to hold all in place. I have had wonderful results and wish to pass on this information to any who may not have used this simple method. It is one which the mother can be taught to use when changing the baby's clothes. This binder is discontinued when conditions are normal.

Leonardo, the Great Amateur[1]

BROOKE PETERS CHURCH

TO realize Leonardo's greatness and peculiar position in the world, something must be known about the times in which he lived. For though he is a universal spirit, and better understood by us today than by his own generation, he was essentially a product of that extraordinary moment of world-madness which we call the Renaissance. Such ages are periodic in this world and confusing both to the people living in them and to those who come after. Only the generations immediately preceding such a rebirth are serenely unconscious of it, and live and die with no glimmering of the joyous frenzy about to come. So the Middle Ages fought their fights, settled their boundaries, argued their sophistries, and rested secure in the assurance that the church knew all. The memory of Egypt, Babylon and Greece faded into the past and became dreams, the old gods were laid away, and a Christian world built churches to Christ and His saints under the supposition that the foundations of creation were settled for all time.

Suddenly the old gods awoke, the long-lost learning of the Greeks was unearthed, curiosity reared her head, and carnival made mad riot in the very stronghold of the church. Italy first felt the surge of new life, and from there this mid-summer madness of mankind spread to all the western world. It was a kind of curiosity which led to a questioning of every dogma and convention established by the long usage of years. The authority of the church, the current morality, the canons of art, even the laws of the universe and the accepted boundaries of the earth became subjects of inquiry. And when the judgment of God did not crush them for their audacity, when no thunderbolt fell, and no consuming fire was launched from heaven, men went into the wildest excesses, testing and experimenting with all the forbidden fruits of the past.

Prime mover in it all was Florence, the republic on the Arno, which had come to wealth and prosperity through the thrift and labor of generations of cloth-weavers and dyers. The city, though nominally a republic was, by her own consent, ruled by the Medici family, wealthy bankers who loved the City of Lilies, and spent their lives and their fortunes on her behalf. The best known of these despots, Lorenzo de Medici, the Magnificent, was a dream from the Arabian Nights come true. In his time Florence became a pageant, and reading an account of the daily life of the people, one is led to wonder how the ordinary business of living was carried on. There must have been toilers, men and women living in crass poverty, close to the soil who, by the sweat of their brow, carried the mass of moneyed merry-makers on their bowed backs. To all outward appearances there was no poverty. The narrow streets, darkened with the great fortress-like palaces of the nobles, were gay with banners hung from the windows in honor of one of the myriad festivals which kept the town in a constant state of nerve tension and wild gaiety. In the piazzas, doubly brilliant for the darkness which led into them, throngs of richly attired citizens and caparisoned steeds passed and repassed. The jewellers' shops on the old bridge which spanned the ever-changing Arno did a brisk business. In the garden courts of the great palaces, select

[1] A continuation of "Hidden Sources" in the March *Journal*.

groups met to talk philosophy and poetry and art. And the hills about the town became crowned with lovely villas set in fairy gardens where nymphs and satyrs lurked in the shade, and fountains played among the ilex trees.

Inspired by the beauty and enchantment of the life, artists sprang up on every hand. Men who, in sterner days, might have gone into trade or into the church, took brush and palette, and helped adorn the city. For one artist born in earlier times, ten sprang up now. The demand was immense, and Lorenzo de Medici led the van in encouraging artistic achievement. Architects, sculptors, painters, musicians, poets were at a premium, and though their pay was at times temperamental, it was certain in the end, and meanwhile a livelihood was assured, and good company and congenial surroundings. To be sure one painted what one must, and one's models were given, not chosen, but it seems to have been a matter of supreme indifference to all that the magi might be portraits of Lorenzo and his train, in the gorgeous dress of the time, or the Virgin Mary a nun making holiday with her artist lover. For it was an age of sharp contrasts—sublime meeting ridiculous at every turning. Skeptics and unbelievers yet did lavish honor to the Virgin and saints. Never had money been poured out so extravagantly on religious festivals, and yet the worship was pagan at heart. The old Greek gods were reverenced by the rich, while the poor and ignorant imagined that Christ was being worshipped. It was a fickle generation, who burned their vanities one day and with equal enthusiasm burned Savonarola the next.

Into this mad world was born Leonardo da Vinci, a child of love, conceived under the fig trees of the hills that encircle Florence, in a moment of joyous forgetfulness. His childhood and early manhood were spent in the luxury and extravagance of Renaissance Florence, his senses constantly stimulated by the sights and sounds, his imagination stirred by the questions discussed with the new freedom of the time. But though in the world, he was never of it—a changeling, moving among the people and sights of his generation like a being from another planet. He was the embodiment of the curiosity rampant about him, the very spirit incarnate of every age of inquiry, but since he was single-minded in his quest, keeping the straight path of search for truth and never deviating down the lovely bypaths of dalliance and pleasure, he was probably the loneliest man in the world, and only now, more than four hundred years later, is he coming into his own. For we are again in the throes of a renaissance, and are able to recognize in Leonardo a brother of Einstein whose genius is not to be understood by more than a chosen few, and who, like Leonardo, may be forgotten until some future awakening shows us how far he has gone in his search for truth.

For Leonardo life was too short. He was like a man devoted to an object and following it with a single mind lest death cut short his quest. From boyhood up, his life was made up of research—he scrutinized and tested everything in his ken and made notes on the results. Perhaps it started in his anxiety to paint with exactness, perhaps in some real need for absolute truth. To the greater part of the world he is known for his painting, but today he is equally famous for his comments on life, art and science, contained in the voluminous notebooks which he compiled over his entire lifetime. It is vain to regret that he was always hampered by poverty, and

forced again and again into trivial labor under uncongenial patrons, to earn a livelihood. Perchance he would have been unable to work without the drive of poverty. In any event, fortunes would not have sufficed him, for when, for a short space, there was money to spend, he poured it out like water, not on amusements or display, but in countless experiments in his search for knowledge. For to him, as to his contemporaries, space had opened, and infinity seemed within easy reach.

Consider a few of the fields of thought in which he moved. He guessed the law of gravitation which Newton later stated. He declared that the sun stood still, before Copernicus astonished the world with his system. In the use of steam as a propulsive force, he anticipated Watts. Paleontology was an unknown science before his time and was forgotten for years afterwards; but in his notebooks are recorded his conclusions as to how deep-sea shells came to be embedded in rocks on mountain sides far from the sea. He even dared to question the literalness of the accepted theory of creation in his statements of actual facts. Anatomy, which had for years been a forbidden study, prohibited by church and consequently by state, he studied so deeply that he was accused of body-snatching and kindred crimes by his enemies, but as a result, he happened on the circulation of the blood more than one hundred years before Harvey. But his fixed idea was a still more modern invention—the flying-machine. On this he labored all his life, and to its invention and perfection he gave his heart's blood. In modern histories of airplanes his is described as an actual flying-machine, for had he but known the secret of the light-weight engine which we have to-day, the mechanism would probably have worked. In preparation for this work he made exhaustive studies of the flight of birds, with mathematical precision basing all his calculations on the results which he thus gained. A thick book of notes on his observation of birds, varied with exquisite diagrams remains to us on this one line of research. As an engineer he was an outstanding figure and, strange paradox, while avowedly opposed to war and the taking of human life, he constructed or planned innumerable engines of war. One he never made public, however, and that was a ship which should go under water. He feared the havoc that such a vessel might make and so, though he refers to it, he has left no plans of its construction, and we cannot guess what the first submarine would have resembled. In times of peace he was frequently employed on irrigation projects, and it is possible that part of the famed fertility of the Lombard plain is the result of his labors. Among his notes are plans for garden cities to relieve the filth and congestion of overcrowded centers like Milan. Part of his fame rested on his skill as a musician, and to later times, reading his notes, part must ever rest on his literary skill.

But before all he was an artist in the eyes of his contemporaries and of the majority of those who came after him. Comparatively little of his work has been left to us. The great Sforza statue in Milan, which gave him fame and established his position as the first sculptor of his time, was never cast in bronze, and became a target for French soldiers. The Last Supper, painted on the refectory wall of Santa Maria delle Grazie in Milan, began to go to pieces almost as soon as it was finished, and today is but a ruin of one of the world's masterpieces. Even in its

faded and marred condition one can see the perfection of the work, planned with mathematical exactness and carried out with apparent ease, where every gesture is a characterization, and every expression a thought. Of his madonnas, for which he was famous, some three or four remain, mysterious and full of foreboding. And of the portraits, of which he painted many, we are sure of one, the Mona Lisa. So much has she been discussed that it has become fashionable to dislike the picture. But no amount of passing fashion can change the charm that Mona Lisa has exerted down the centuries, and if only her hands remained, we would still possess a masterpiece. For no one has ever painted hands as Leonardo did, hands which even in repose express their owner. Leonardo's observation missed nothing, no matter how small and seemingly unimportant. Jewels, embroidery, tiny details of dress and the flowers in the crannies—all are perfect. Unlike most of the artists of his time, the landscapes which stretch away into the background of nearly all of his pictures, are an integral part of the whole, an expression of an idea which at times has an almost mystical quality. The portrait itself is the material fact; the background Leonardo's dreams which reach into infinity.

Such was the genius of the man—and there follows naturally the question "What was his personality?" It is a hard question to answer, and many have tried with varying results. He seems to have had few friends, and in none of these did he confide. Those who knew him loved him, but approached him rather as a pupil their master than as equals. He must have been an enigma to all, for he seems never to have entered the arena of life, but rather to have stood outside and watched. He was a pacifist who helped Caesar Borgia, the worst and most inhuman of his clan, to wage an unjust war. He was so humane in an age where animals were not considered, as to buy and release the caged birds in the market-place, and yet he could watch curiously and with no display of emotion, the faces of men dying in torture, and haunt the public executions to learn the expressions of the victims. He is not known to have had a love affair, but he was called on to paint half the beauties of the day because of his love and knowledge of women's faces. He was intent on truth, and yet wrote in riddles. No one knows why, to this day, but he wrote from left to right, looking-glass fashion, indulged in the most obvious rebuses, and concealed some of his most important utterances in allegories. It may be that he hoped thus to escape notoriety. Certainly it was not easy to read his writings, and even in the age of license in which he lived, some of his statements and conclusions had they been published abroad, could not have passed unchallenged. Perhaps it was all done with a child's whimsical fancy. We shall never know. He passes through the pageant of the Renaissance, serene and aloof, as if the show had been especially staged for him as a solitary audience.

His work ended with him. None of his discoveries led to anything. Even his far-famed technic only paved the way for catastrophe, for his followers copied the technical skill without the genius that gave it life, and the outcome was empty sentimentality. After his death the world made a tradition of his fame, but forgot his experiments and conclusions, which had all to be repeated before they became history. For Leonardo gave none of his speculations to the world, and when he died it was his personality

which lingered on in the memory of man, not his science. But to us who have laboriously been over the same ground and found the answer to so many questions which filled his mind, the man and his work have a very special interest. And living in a world of crashing traditions, we can find comfort, too, in reading of another age when there was a break with the past.

There is a mass of literature on the subject of the Renaissance, much of it available in any library. The standard popular work has been, for many years, Symonds' "Renaissance in Italy." It is, however, very long, and perhaps a short survey such as Hulme's "Renaissance and Reformation" would do better as an introduction. Vasari's "Lives of the Painters," written while the artists themselves were many of them still working, and the tradition of the masters was fresh in men's minds, is absorbing, but by no means entirely trustworthy. As an antidote, I would advise Mather's "History of Italian Painting," and some of Berenson's essays on Florentine and Northern Italian art. For discussions of special phases there are innumerable suggestions that I might make: Hyett's "History of Florence," Young's monumental work, "The Medici," Yriarte's "Florence," Cartwright's "Isabella d'Este," and "Beatrice d'Este," Sabatini's "Caesar Borgia," Symonds' "Life of Michelangelo," Villari's "Savonarola."

Most of these books again contain bibliographies which will suggest the next step. Leonardo himself is coming to be a subject of such wide discussion that it is hard to select a few among the many books about him. Of course his notebooks come first, and excellent excerpts from these have been made and published by Edward McCurdy who has further written a study of the man called "The Mind of Leonardo Da Vinci." Mereshkowski's "Romance of Leonardo Da Vinci" is a historical novel with Leonardo as the center, and while it gives a dark and ominous side of the man and his period, it is yet well worth reading. Pater's "Renaissance Essays," among which is one on Leonardo, is in itself an exquisite bit of literature and should not be omitted from my list. Siren's "Leonardo Da Vinci" which has been translated into English, is an authority on the subject and has the further advantage of being lavishly illustrated. But up to date nothing that I know of has quite the flavor of Rachel Annand Taylor's "Leonardo the Florentine." She has caught the atmosphere of those strange times, and her book is full of the glamor which pervaded them. We are transported back to the days when Pico della Mirandola walked the streets of Florence, a figure of youth and light in the darkness—when Lorenzo sat with his Platonic Academy and discussed philosophy to the sound of the lute, or when a burst of light and noise awakened the sleeping city in the deep night, and then dispersed, leaving only a gaily-clad youth weltering in a pool of blood. Passions ran high in the fifteenth century, just as they do today. Youth was untamed and rebellious, fashions were extreme, colors garish. The ages of awakened curiosity are ever the same, and studying one we may learn to diagnose another.

Professional Ethics[1]

H. von W. SCHULTE, M.D.

IT is rather a presumptuous thing for a doctor to undertake to talk to nurses about ethics. Yet it is possible for the nurse to profit by the experience of another profession and by its failures, admitted failures, always to live up to its best traditions and its highest aspirations.

In forming an ethical code we naturally tend to react according to the customs of our time and people, according to what are technically known as the folkways or social habits, points of view and attitudes which we accept without curiosity as to their origin, or question as to their usefulness. We are the creatures of our place and hour, and into our best professionalism will creep the changing spirit of our times.

In medicine, for example, we find our traditional rôle of caring for the sick is being augmented by the functions of protecting society from disease and promoting public health. Naturally old individualistic habits conflict with our efforts to meet new opportunity and responsibility.

The relation between patient and physician has undergone some modification, especially in the matter of secrecy. The speaker remembers when, during his internship in a New York Hospital, the city health department requested reports upon cases of puerperal sepsis. Among the questions on the forms supplied for our use was an inquiry regarding attempted abortion. The chief of service destroyed the forms with indignation, asserting the patient had a right to full protection from her physician, whatever public interest may be thought to be involved. That is a very human attitude toward innovation and all of us, as we pass to the middle age of settled attitudes and habits, find it harder to adapt ourselves to the new vision and opportunity which the younger generation and young professions seem to grasp easily and accept as a matter of course.

You are fortunate, I believe, in that your code is still in the formative condition. I was very much struck by one paragraph in your projected code. Your committee "proposes to subject the code to the thoughtful scrutiny of its members at each biennial meeting of the Association in order that it shall be supported as a dynamic force in the life of the profession." Your code is to work from within outward. You are to accept it spiritually and personally and then apply it. That is different from a code made by a committee and approved by acclamation, for it is not unusual to find the professional codes containing precepts of which members very generally fail to make personal application.

It may profit to pause a moment here to consider the general backgrounds involved in the formulation of a professional code. First we may, and indeed must, apply our general standards to our professional problems. Someone has said that all codes are attempts to apply the Golden Rule to a particular set of activities. In passing, let it be remembered that the folkways unconsciously color our thinking and wishing. Second, we may approach the matter from our aspirations. We all wish to better our profession and raise its standards. We are apt to express these hopes in a series of statements in the prologue of our code giving it a highly idealistic cast. Third,

[1] An address given at the annual meeting of the Iowa State Nurses' Association, October, 1928.

we may proceed from a definite knowledge of the existent state of affairs, as applied to our profession, and on the basis of some sort of survey determine the best immediate practice. Of course, as a matter of fact, we do embody something of all of these viewpoints whenever we set up a code.

There is, however, another factor which I believe we should take more into consideration than we do. I mean the economic factor. We very rarely count the cost of anything today. Our wealth has increased in this country at phenomenal rates, but its distribution has been by no means even or equal and in certain parts of the country it is possible to apply almost unimaginable sums of money to the care of the sick and the promotion of health. The consequent tendency is to raise standards generally. We are all deeply conscious when we look at our own work of the necessity for better standards but we overlook the fact, I think (certainly we are accused of having done so in medicine), that the more we raise our standards, the more we prolong our probationary periods of education; and the longer we postpone the economic solvency of the individual, the more the public has to pay for our services.

For with the improved standards of a professional group the demands on life of its members also increase, and these demands must be met in some way, or else the profession as a whole will deteriorate in quality and service, being made up of dissatisfied and therefore unsatisfactory individuals.

So the nurse and doctor must be happy in their work and in the material return that the work gives them; they must not feel they are living cramped lives of deprivation, shut off from refinements and pleasures which they crave, but be sensible that they are getting enough, if thriftily used, to enable them to participate in the finer things of life. In particular the nurse is concerned here because her contact with her patient, especially if she is a private duty nurse, is so intimate as to be almost intolerable to the patient unless the nurse is a fine woman as well as a good nurse. When ill you are in contact with the four walls of the room which surround your sick bed and with one or two human beings and you may be in contact with them for a long time. The doctor comes and goes. You may or may not like your doctor; he may or may not irritate you. If you feel he is master of his trade and is giving you the service that you need to recover, you can overlook his personal imperfections, but you must live with your nurse for a certain length of time. Unless she is a woman developed not merely professionally, but emotionally and spiritually, and with such health that she can perform her function without seeming to be strained by it, the situation of the patient is unsatisfactory. The patient leans upon the nurse for moral support, and if there is a temperamental jangle, if the nurse is dissatisfied in caring for the malady you happen to have, if she forgets it is not merely a case but a human being with a soul that she is taking care of, some degree of mal-adjustment between nurse and patient is sure to be present. Therefore, I say, the nurse must be a woman of personality and character and she must, as legitimate return for her labor, be able to maintain a standard of living which suits her temperamentally and allows her to develop the finer side of her nature, particularly, I think, the aesthetic side.

Many questions which we class as moral questions are questions of good taste, as well, and if our aesthetic sensibilities were not so generally atrophied today, I believe we should have

fewer moral problems and personal jangles to contend with. In our active commercial expansion we have thought so much in terms of quantity and machinery that the fine and simple things of life have not received the attention that they deserve, and we are all a bit handicapped in our relations to one another in consequence and probably nowhere is this more detrimental than in the intimate and delicate field of private duty nursing.

In the light of what has been said, I hope I shall not be misunderstood when I go on to say that we cannot make our standards so costly that few can enjoy our services. It is being pretty widely said today, apropos of medicine more particularly than nursing, that we serve the very rich and the very poor, but for the middle class, the great 75 per cent of us, it is a question whether the disease is more devastating than the doctor's bill. We all must admit that it is desirable that the benefits of medicine and nursing should be shared in by all of the members of the community. Yet our very progress tends to confine our activities to the paid service of the rich and charity to the poor, so that we are forgetting the very class which makes America. How are we going to meet our obligations to the 75 per cent?

At this point it may be useful to inquire what we mean by professionalism. It is not easy to define a profession. What differentiates medicine, nursing, dentistry from the supplying of clothing, housing and heat to the community? A definition has been given which I like, although it is possibly incomplete. It at least introduces a train of thought which we professionals are apt too often to overlook. Tawney has stated that a profession is a trade organized for a function and not for profit. Of course we state in our codes and some of us prove in our lives that we are not working for profit, but are we organized to perform our function? If we are going to raise our standards, increasing cost of service, we must alongside of that, I think, if we really wish to serve the public, produce some form of organization which makes that service go as far as possible.

I think that brings us to the pressing problem of our generation, how are we going to see to it that the majority get the benefit of our service at costs which they can meet, unless we plan in our association meetings, in our code meetings, in the general thought and education of our professions, and in our inter-professional relations, to serve more widely without sacrificing any of the things we stand for? I do not know what the answer is going to be. I fancy a large number of experiments will be tried out. I hope the nursing profession will take the lead in some of them.

A historic function of the nurse, an obligation of the nursing profession, I believe, is to humanize medicine. Even today institutionalism tends to become abstract, impersonal. It is easy to merge the patient in the general problem. You who know the history of hospitals know the changes in attitude that professional nursing has introduced. Today a new emergency confronts us. As once preoccupation with science, so now indifference to economic realities distracts attention from the well-being of the sick.

Of late there has been much talk in medical circles of the immense amount of charitable work that doctors are doing today, that they are giving free care to 20 to 25 per cent of the urban population, and that the community is to that extent exploiting the doctors.

We meet a great many doctors who are doing this work, from them we hear few complaints; but there are also many others who are disturbed by the enforced charity of the profession, for those who need service and cannot pay must not be left to suffer unaided. Yet it is not good to pauperize, nor right that the community should impound our services. Society cannot indefinitely mulct the professions of health for its own failure to secure a distribution of wealth adequate for general hygienic living. We may feel bound to meet a temporary emergency, but we cannot indefinitely pauperize society by relieving them of health service to their underprivileged.

We have, of course, developed various types of service to meet this load—dispensaries, free work done in the hospitals, the health departments of municipalities and state, visiting nurses of various types, and the social worker. The solution will not come from the nurse nor from the doctor alone. It may come from the whole group of professions which are mixed together in service to the public, the social worker, the political economist, the government executive and our respective professions. I think it is an entrancing future to look forward to—our fully organized entrance into this field superceding the rather sporadic efforts we are making today.

But the point I wish to stress is that it is only by an interprofessional cooperation that we shall succeed in covering this ground at all and that our own costs are a factor. Can we make one nurse serve a larger number of patients by putting under her servants, maids, nurses' assistants, or trained attendants? If that is going to cheapen our service to the general public we ought to think about it and not reject it with scorn. If the doctors' overhead is too large to let the average patient meet it, then must we not consider the pay clinic? The profession of medicine looks askance at the pay clinic. I believe it is one of the solutions of our economic problem and a moral one, to give something intermediate between charity and the high charges that supervene in private practice today. I think the nurse will have much to say on this subject because the visiting nurse, especially, knows the needs of her city far better than does the average doctor, and I hope your association may take some of the steps necessary to break down our isolation as professions and to make it possible for nurse and doctor and social worker to sit around the same table and discuss their common problems on equal terms. That is one of the inter-professional ethical questions that I see fronting our professions today.

Another thing, we are very unsuccessful in doing our own police work, no matter what our code may say. The problem comes up very acutely sometimes as to the duty of the visiting nurse when she knows a certain doctor is accepting remuneration from patients who are not able to pay full fees and is giving, in return, such inferior treatment that he deserves no remuneration at all. Will the visiting nurse have to classify herself as a social worker to have a right to protest against bad medicine, or can it be done by some inter-professional council where these problems can be threshed out without spoiling the relations of an individual nurse to a given doctor in charge of a particular family? It must be remembered that all professions grade down to something unprofessional in the lower fringes of their membership and it is a duty to society and to the professions to cut this ragged and soiled fringe away.

I have been interested in following the development of the nurses' code. The earliest code of nursing that I can remember is the Pennsylvania state code of 1904; possibly there are earlier ones; that happens to be the earliest that I have come upon. The first paragraph or section makes the usual and entirely proper statements about the morality required of the nurse and the nobility of the profession. The other three paragraphs are a reiteration of the nurse's duty to stand by her association. Evidently the nurse is something of an individualist in Pennsylvania, or she was in 1904, and the people who were trying to organize the state association found a good deal of difficulty in getting the nurses to join and if they did, to interest themselves actively. That is apt to be the professional attitude, yet if we are going to do all we can for the profession, we must take an interest in its county, state and national organizations, for it is only through such bodies that our individual aspirations can attain to general statement and operation. Every professional owes loyalty to his professional association, and we might accept this as a modern phase of that obligation to the profession which Bacon has so well expressed:

> I hold every man a debtor to his profession; from the which, as men of course do seek to receive countenance and profit, so ought they of duty endeavor themselves by way of amends to be a help and ornament thereto.

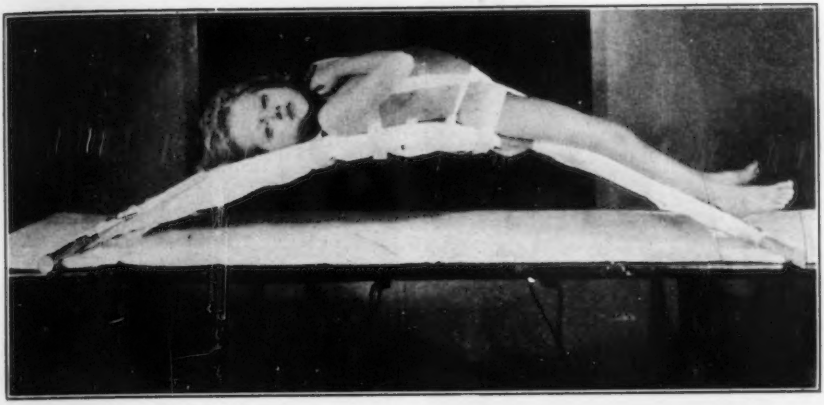
The profession lives in its temporary representatives. Whatever tradition of nursing may have come down to us, whatever may be stated in the beautiful Nightingale Pledge, nevertheless nursing in Iowa is the sum of the results of your lives. It is a little brighter than it was ten years ago if you have made it so, a little dimmer thing if you have let the lamp flicker. As you inherited from your predecessors in the profession, so you should pass on that heritage unstained to those who follow, and from the obstacles you have met and overcome in your lives in broadening and elevating your work, transmit to them a broader heritage and a brighter opportunity.

The nurse is peculiarly free, I think, from the financial temptations of most professions because she works either on a salary or at a fixed daily rate. There is very little opportunity for the nurse to double the conventional charge for service as others may. That sacrifice of the nurse should not be carried too far, and I think nurses should try to see that government pays adequately for public work.

Not quite so much sacrifice should be demanded of us as is asked today by a society that is willing to pay the architect, the street paver, the policeman, the social worker, but expects health to be largely handled free or on wholly inadequate salaries under the imperfect organization and supervision of ignorant politicians. One of the things that the nurses might do is to take cognizance of the expenditure of their state and county and town for health; how much has the city health department got; how much has the school board got; is that a normal amount for a city of this size? Of course, it is difficult to get all that information, as individuals, but you have your association to collect and collate the data and you ought to know when you are in Council Bluffs or Des Moines whether these and your other cities are laggard or up to the norm in provision for public health.

Practical Devices in Use in the Shriners' Hospitals[1]

FLORENCE J. POTTS, R.N.



A COMPARATIVELY simple combination of straps and buckles makes up the remarkably satisfactory arrangement which holds the child on the frame in the photograph above.

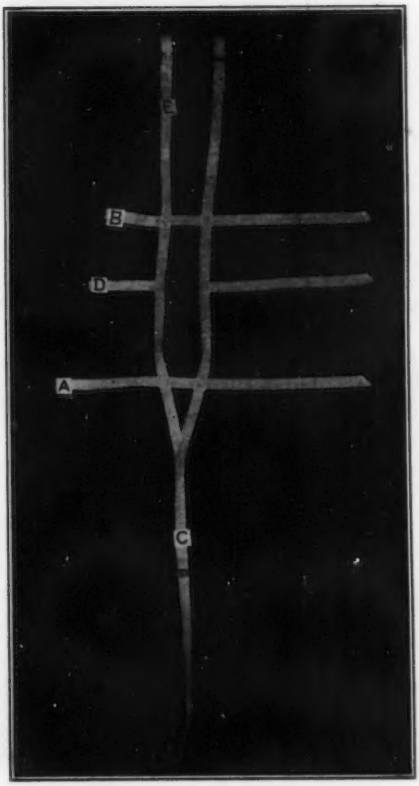
One-inch webbing and strong brass buckles are used to make this strapping which holds the child securely on the frame at the pelvis and shoulders. The connecting straps fastened to each end of the frame prevent slipping.

By this means the child is held in place comfortably without restriction of the respiratory muscles and the small amount of body surface covered by the strapping makes it particularly desirable when sun exposure is valuable.

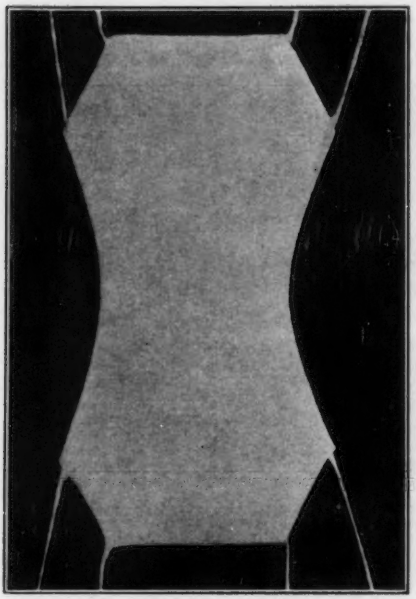
Opposite is a photograph of this strapping and notes as to its application:

Procedure in fastening child on frame with strapping arrangement:

1. Place child in proper position.
2. Slip child's head through large opening, strap "B" lying back of neck.
3 Draw "main" strap "A" securely around



[1] These illustrations are a continuation of "An Educational Exhibit," by the same author, in the March *Journal*.



pelvis just below anterior superior spines and buckle securely underneath frame.

4. Draw strap "B" firmly around frame and buckle. This holds shoulders in position.
5. Buckle "C" strap to lower bar of frame.
6. Buckle "E" strap to upper bar of frame.
7. Buckle "D" strap loosely.

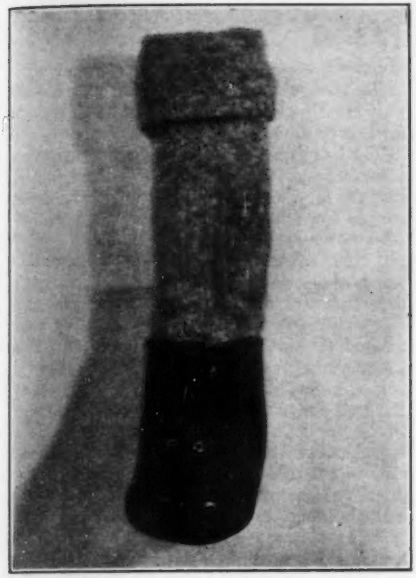
Loin cloth. The particular advantages of this cloth are the shaped sides which make it fit more snugly

and the two tapes on either side which hold it very neatly in place.

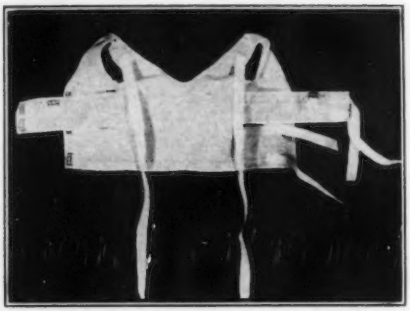
Cast shoe of light leather used to protect the casts of ambulatory patients in the Hospitals.

Rear view of cast shoe.

Leather moccasin. Used for children wearing plaster of Paris casts.

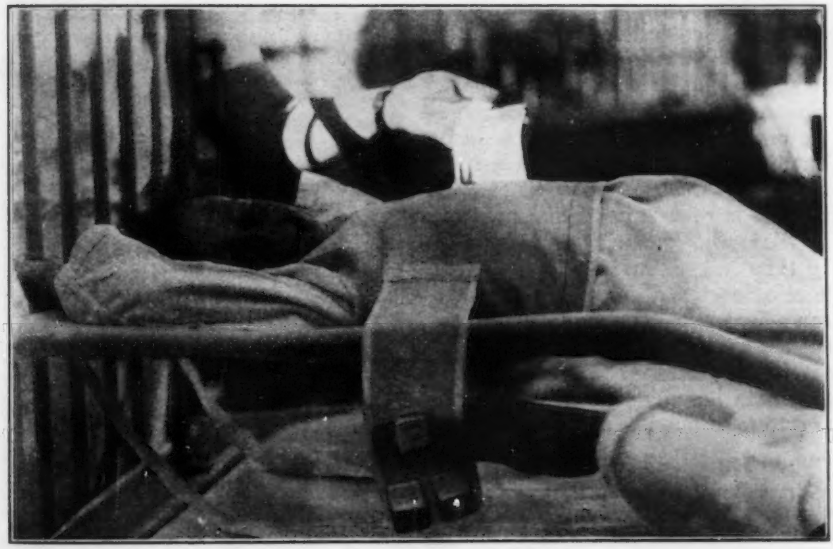


The special features in this moccasin are the low lacing (almost to the extreme end of the toe) and the gathered fulness across toes which give ample room to fit actually any foot, no matter how wide the plaster of Paris cast may be.



Canvas jacket with webbing straps used to keep patients recumbent whenever necessary.

Canvas jacket being applied to patient recumbent on frame. The jacket has already been strapped around the patient's body and is now being strapped around the frame. All the webbing straps are buckled underneath the frame so that the active child is unable to unfasten them himself to permit his sitting up.



Hourly Nursing Service in Institutions

KATHRYN L. JENSEN, R.N.

IN any service involving sick human kind it is impossible to make an arrangement to give nursing service satisfactory to each person or to meet each need without an individual study of each case in relation to the need and the service available.

When this study is made in the light of the patient's needs, it will be seen that various quantities of nursing service will be needed for given individuals. To meet this need of the patient, the hourly system of charges for all nursing service has been evolved in some institutions. This is provided by the institution through the employment of a given number of graduate nurses on a stated salary, and a fluctuating group of local resident graduates who are conversant with the plan and who coöperate in making it work successfully for the good of the patients for whom the institution exists.

The three following studies will help to show the coöperative working of the plan to give nursing service as needed to all classes. It does require greater personal study than most administrators are willing to continue to give, but the extra effort involved is fully repaid by the assurance that extra nursing service is not being paid for by those who cannot afford to have it. In times of pressure the social spirit is also developed, for even those who can afford luxury nursing can be persuaded to cut down on the hours of service demanded that some less fortunate individual may enjoy from two to four hours of that service.

Study No. 1—Medical

Mrs. S. was a medical patient who sought entrance to a medical institution. She was, like hundreds of others, the wife of a man of limited income who was able to pay for all that his wife needed, but there was no money for luxury nursing.

The hospital she entered was operating on a basis permitting it to state to this family just the service they could give and the exact charge for all stable items of the account. Mrs. S. was placed in a four-bed ward. She was told that the regular rate in this four-bed ward, of $30 per week, included board, room, daily medical attention of a physician employed by the institution, one hour of prescribed physiotherapy treatment daily, and the services given in general ward nursing.

A conference on the financial status with the husband made it seem advisable to give the 25 per cent discount to this patient, making the room $22.50 weekly. It was made clear that this amount would include the usual charge for doctor's visits. It did not include laboratory, x-ray, full examination, special treatment in E. E. N. T., or pharmacy supplies. A card of rates was given the husband and a general estimate of the cost of the initial physical examination and charges for the first week.

After a week in the institution, her very helpless condition called for more attention than could be provided under the general service. She did not need twelve-hour nursing, nor could she afford it. The institution met such situations by providing all graduate nursing service on the hourly basis to each patient. The institution made the financial arrangements with the nurse and charged the patient fifty-five cents per hour for her service. It was arranged that Mrs. S. have two hours of this special service at this rate in order to give to her the medical care and treatments prescribed by the physician. This nursing was arranged for by the Superintendent of Nurses who adjusted the hours of service with another patient to that of six hours to make it possible for this nurse to care for Mrs. S. for two hours in addition to general service given her.

Study No. 2—Surgical

Mrs. J. and Mrs. C., two surgical patients, were operated upon, the same day. Both were from the professional class with limited income to meet illness and the expense involved in a major operation. While they did not desire to be under general nursing care, they did wish to keep nursing expense at the minimum.

These facts were all learned within an hour by the credit manager and the medical attendant. They conveyed this information to the superintendent of nurses. She in consultation with the surgeon arranged, with the patients' consent, to place them in a two-bed ward, giving each full-time nursing for the first day and dividing the services of the night nurse between them, each paying at the rate of half-time nursing. It was understood that this was within the compass of the medical staff to change, if thought best and so stated. After the third day one day nurse sufficed for both patients, but night service continued until the fourth night. After that, one nurse gave nursing day care to both patients, and only general nursing service was needed at night.

This continued for seven days, after which time both patients were happy and content with the general service provided by the institution. The bill for nursing care was as follows:

Mrs. J.—78 hours at 55 cents per hour, $42.90
Mrs. C.—78 hours at 55 cents per hour, $42.90

Both had skilled nursing service at this nominal fee for this period, due to the coöperation of the business, medical, and nursing staffs, to the end that the patient may have scientific care and service at a rate within the compass of a moderate purse.

Study No. 3—Obstetrical

Mrs. M. was admitted to the maternity department with a definite understanding that she would occupy a bed in a four-bed ward. She and her baby would, for a period of 14 days, receive board, room, medical attention, and one-fourth time nursing service (four-bed ward service) at the rate of $60 for the two weeks. This included prenatal and follow-up conferences with the attending physician. It did not include a delivery-room fee of $5, a supply fee of $3, nor the regular delivery fee of $25 for a normal delivery. No laboratory charges were included. It did include all the nursing care desired by a cultured and exacting woman, unless her condition should develop some unexpected complication. She would then be provided hourly nursing service if possible. This did not happen, so at the end of two weeks a happy mother and baby left the hospital after the husband had paid a bill of $93, the total charge for the two weeks in the maternity department.

May Day

IN May, 1928, the Congress of the United States passed a joint resolution of both Houses which has established May 1, forever, as Child Health Day and has called upon the President to proclaim it annually to the people. In his capacity as President of the American Child Health Association, Mr. Hoover challenged us to the cause of May day—Child Health Day—when he said: "Everywhere this day let thoughtful people renew their efforts to assure to every child the complete birthright of a sound mind in a sound body." Again he did so, when he enunciated the articles of the Child's Bill of Rights, and when he approved the trenchant words of the seal of the American Child Health Association that tell us: "The health of the child is the strength of the nation."

On May Day—Child Health Day, 1929—the nation again considers how far we have gone in assuring to children a sound mind in a sound body and what particular and new health problem the children and youth of America lay before us to be considered and solved. We are called upon to strengthen and expand all the work that has already been begun through which infant and maternal mortality is being reduced, young children are being freed from remediable defects and protected against communicable diseases, and all children of all ages are being taught and trained in habits and attitudes of health. To the work that produces these results, May Day—Child Health Day, 1929— offers increased impetus, as it stirs the imagination of the country by holding before all people the vision of every

child made and kept sound and beautiful in body, mind and spirit.

In "Team Work for Child Health," the American Child Health Association offers constructive help, not only with May Day but with all-the-year programs. Nurses who are not primarily public health nurses are reminded that the association has some interesting publications and a motion picture film which have wide usefulness for private duty and other nurses.

As there has been special call for inexpensive pamphlets on prenatal care, "The Expectant Mother in the House of Health" was published, followed naturally by "The Baby in the House of Health" and "The Runabouts in the House of Health." (Each sells for ten cents.) These booklets help to reinforce the advice and instruction given by doctor and nurse, and may be recommended by them to parents.

In response to the oft repeated question, "What is the normal child?," Dr. Chaplin and Dr. Strecker wrote "Signs of Health in Childhood—A Picture of the Optimal Child," in which they present the manifestations and characteristics of the normal child, in terms easily understood by the parent. (Price, 25 cents.)

The following three pamphlets discuss the mental health of the child: "The Preschool Child," by Dr. Douglas A. Thom and Julia Wade Abbott; "What Constitutes Mental Health in Childhood," by Dr. Edward A. Strecker; and "Protecting the Mind of Childhood," by Dr. Esther Loring Richards.

Nurses interested in infant welfare work will find in the Infant Mortality Reports for 1926 and 1927 a basis for comparing the community in which they work with others of the United States.

"Health Trends in Secondary Education" offers concrete and practical suggestions for coöperation in a high school health program. (Price, $1.00.)

The *Child Health Bulletin*, issued bimonthly, contains articles from time to time that are of special interest to nurses. Each issue has an annotated list of recent books and articles on child health.

A bibliography on maternity and child health, for the use of parents, nurses, and physicians, is being prepared for distribution.

Three posters, published by the American Child Health Association, are: "The Child's Bill of Rights," printed on fawn vellum; "Work" and "Play," two wall runners of little children in silhouette, green on buff; and the "Map of Healthland," which may be colored with crayons or water colors. (The price of each is ten cents.) The "May Day Poster" with daisy design, is printed in four colors—yellow, blue, and two shades of green. (Price, 15 cents.)

If the nurses wish to make their own posters to fit their own specific needs, the pamphlet, "Seeing is Believing," may be found helpful. (Price, 12 cents.)

A list of posters on child health which lists posters obtainable from various organizations, has been compiled.

A motion picture film of standard size, entitled "The Technic of Breast Feeding," may be borrowed for classroom use or for the programs of nursing organizations. The film, edited by Frank Howard Richardson, M.D., is based on the technic in his book "Simplifying Motherhood."

Vegetables and Fruits

Do you eat enough daily?

ADA B. LOTHE

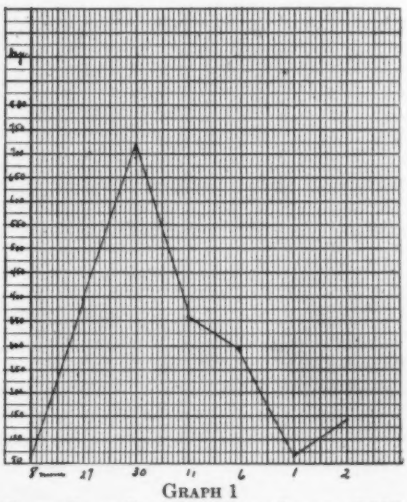
IS there any special reason why it is necessary for us to give thought to this phase of our diet? Do *we* need to give it more consideration than our grandmothers and great grandmothers did? May I answer the above questions by telling of a study with a group of nurses on this subject?

Much is said and written today about the importance of vegetables and fruits in the normal diet. With few exceptions, the statements in regard to quantity are very general. Usually it is: "Eat plenty of vegetables and fruits." Consequently some of the questions that come to the serious minded are: "What is plenty?" "Am I above or below the average?" "How much do I need?"

That fruits and vegetables are valued for mineral salts, vitamins and their alkalinity, as well as bulk, is not questioned. That there is a vague concept of the amount required is very noticeable. So often, "Just a little spinach," or "Not any turnips, today" is a common statement overheard at many dinner tables.

If constipation is a common ailment, can our normal diets counteract this tendency? It was not necessary to give much consideration to this phase of our diet in the past for much coarse food was used. The various refining processes that are utilized nowadays have not only deprived our foods of some of the valuable constituents, but have made it necessary for us to give consideration to the residue or bulk content of our diet as well.

Being conscious of the tendency towards deficiency of diets in this respect, a study was made of the normal diets of a group of nurses at the Milwaukee County Hospital. The object was a twofold one: (1) to give the nurses something tangible that might be of value to them; and (2) make it possible for them to help others with whom they come in contact.

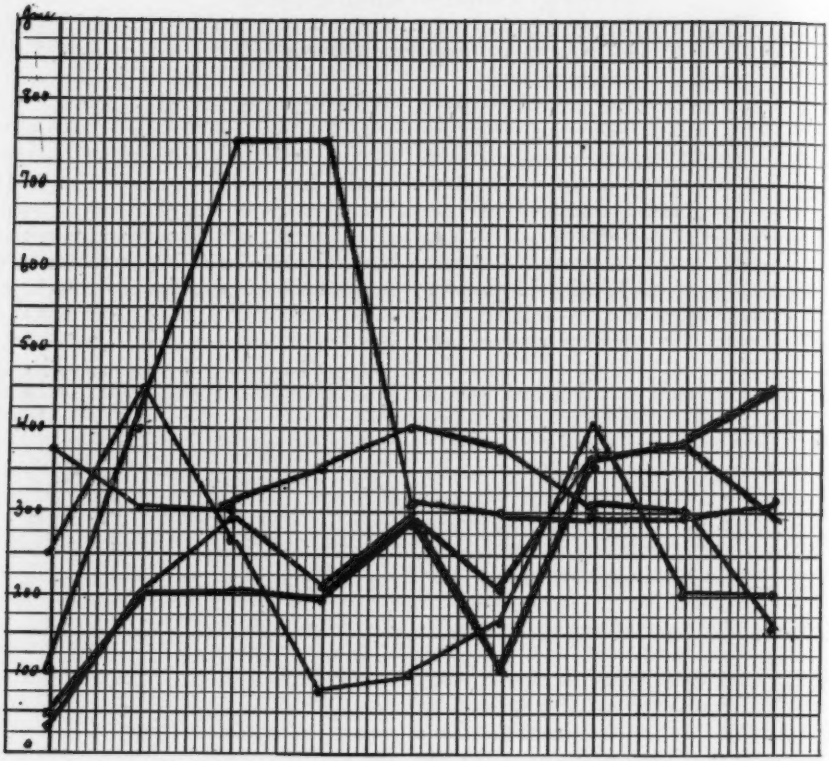


GRAPH 1

TOTAL DAYS SPENT ON DIET SQUAD—2,007

A group of nurses ought to be an exceptional one for this piece of work. Not only are the members intelligent, but they get so close to the abnormal conditions of the human body that they are well able to appreciate the possibilities of irregularities. If they know their own reactions, it is easier to interpret them in terms applicable to others.

The study included eighty-five student nurses. Time spent by each one varied, due to several factors. This piece of work didn't in any way interfere with the regular routine.



GRAPH 2

DO YOU EAT YOUR ALLOWANCE OF FRUITS AND VEGETABLES DAILY?

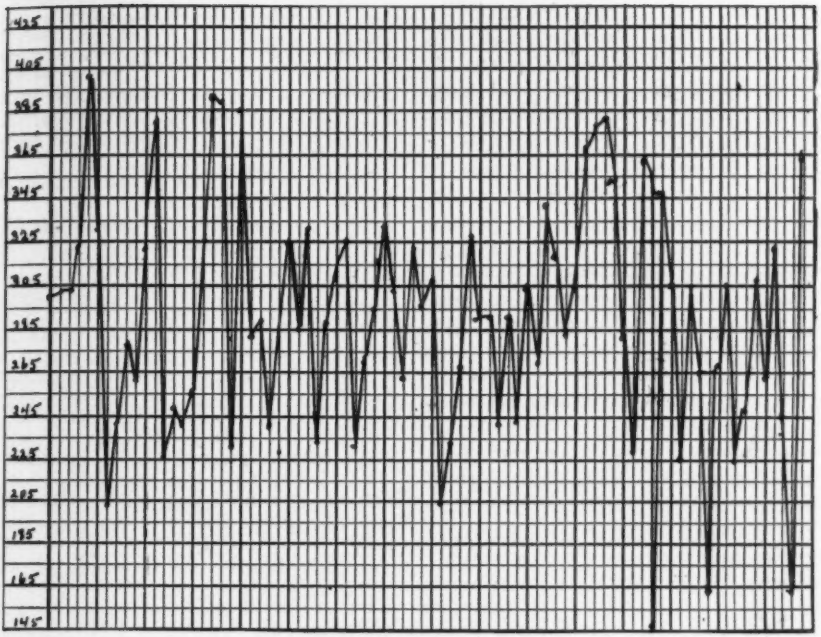
Night duty, service at an affiliated school, and illness, were the three chief causes of variation. We aimed to have a two-week period of each group with long intervals between them.

Total days spent by the squad is shown by the graph and is as follows:

			Days		*Days*
8	spent	from	4–10,	totaling	57
27	"	"	10–20,	"	399
30	"	"	20–30,	"	715
11	"	"	30–40,	"	360
6	"	"	40–50,	"	272
1	"	"	50–60,	"	50
2	"	"	70–80,	"	156

Four nurses were chosen, each time, for the diet squad and a special table was assigned to them in the dining room. The nurse on diet kitchen service was responsible for weighing the food and keeping the record. This was part of the diet kitchen's rotating service. The one in charge had a week's service with the squad. Regular forms—one for each girl, each day—were used. After the record had been completed, a summary for the day was made. Foods contributing toward constipation were starred. On the reverse side of the sheet were these items:

1. Total grams of vegetables and fruits.
2. Amount of fluid taken.
3. Bowel movements for the preceding day.



GRAPH 3

AVERAGE GRAMS OF VEGETABLES AND FRUITS EATEN DURING DAY BY A GROUP OF NURSES

The complete records for each day were brought by the nurse to the dietitian's office for correction, if it were necessary. From these a final summary was made. At times, graphs as shown above were posted on the bulletin board at the Nurses' Home. It was thus possible to visualize, as well as compare, daily amounts taken by the group.

At the close of the study, the list with average consumption per nurse per day was posted with a summary quoting Dr. Sansum's idea on the subject. This was done in order to make still another comparison. It brought this reaction from one of the nurses who needed the full allotment: "Why, we didn't get halfway to the goal!" That there was a variation is shown by Graph III.

I do not deny that some of the nurses may have eaten more vegetables and fruits than they ordinarily do, because they were conscious of the interest; I do not feel, however, that the opposite was true, so that our average is probably slightly higher than it would have been under normal conditions. Even so, we do not approach the two pounds of residue-containing foods which Dr. Sansum gives as the amount necessary for a normal bowel movement for the average constipated person. While many of the number in this group can be classified in the aforementioned group, many are not.

Our study has shown, however, that there is a tendency towards low vegetable and fruit consumption amongst our student nurses. (See

Graph III.) That at least some of the nurses are applying the knowledge gained by the study to their every day living, is shown by a statement made by one of our former students who is now a graduate. In speaking of her plans, she said she was leaving the institution where she had been working and gave, as one of her reasons, that the diet at the institution was too high in its carbohydrate content. It wasn't lack of calories, but the bulk content, that was criticised. The fact that food entered into the picture showed that it was part of her every-day life. Another application is shown on the wards in trying to get the patients interested in their fruit and vegetable consumption. It is evident in the serving and also in their conversation. One of the supervising nurses said, one day, when she was discussing her problem: "If we can only get our patients to eat right, it'll not be necessary for them to be so interested in cathartics." The interest and coöperation given the study were most gratifying, too. Where there is interest and discussion, something of value is usually derived.

When we consider that the period between fifteen and thirty is the one when best health is usually found and that most of these nurses were enjoying *this* period of their life, another aspect of the subject presents itself. It is recognized that most people past thirty realize that there is a change in their physical condition and are less reluctant in knowingly defying the laws of hygiene and nutrition. McCollum claims that the change that takes place is due to a faulty diet. If this is true, and if anything can be done to increase an interest in eating to live, it ought to be worth while.

Doctors Study Nursing

THE following recommendations from the Special Committee on Nursing of the Medical Society of the County of New York are of interest, as they indicate a growing appreciation of some of the fundamental problems of nurses:

"1. Education of the public to meet its legitimate costs in sickness.

"2. Further study and report of this Society as its contribution to the solution of the economic problem discussed here.

"3. That serious thought should be given to the time, probably not far in the future, when a basic, 8-hour a day, 6-day a week for nurses will prevail.

"4. We do not approve of the concentration of nursing education on a university basis to the exclusion of smaller, worthy schools which, we believe, fill a local purpose and need which a large school in a metropolitan center cannot. We believe that practical nurse training, especially in smaller hospitals and chronic institutions, should receive greater encouragement.

"5. Efforts to increase the supply of foreign-language nurses.

"6. Further development of the central, non-commercial registries idea. We do not believe that a single registry is practicable in New York County.

"7. That all persons offering to nurse for hire, be required to register annually with the public authorities and carry credentials as to training and standing.

"8. That the medical profession, through its State Society, should have a larger part in determining the curricula of nursing schools, and that more emphasis be laid on better medical nurse instruction, the surgical nurse training being apparently satisfactory.

"9. That, because there is such close interrelation between the practice of medicine, nursing, and public health activities, constant watchfulness should be maintained lest careless persons lose sight of the requirements of the Medical Practice Act."

December

"GOD gave us memory that we might have roses in December."—*J. M. Barrie.*

The Portrait of a Friend: Irene Sutliffe, R.N.

FORMAL ceremonies in connection with the presentation of a portrait of a living person are not a usual occurrence, especially when the portrait is that of a woman and is to be placed in a room which contains only the portraits of men. Such, however, is the destiny of the portrait of Miss Sutliffe which was unveiled and presented to the Board of Governors of the New York Hospital on February 21, at the Cosmopolitan Club in New York City before a distinguished gathering. The artist, Ernest Ipsen, and Mrs. Ipsen, Dr. G. Canby Robinson, Director of the New York Hospital and Cornell Medical School merger, Dr. Howell, the Superintendent, and members of the Board of Governors and Medical Staff, members of the Alumnae Association of the School of Nurses of the New York Hospital and many interested friends were present to honor the nurse whose portrait had been painted at the request of the Alumnae Association to be presented to the Board of Governors of the Hospital.

Miss Wald presided and spoke of Miss Sutliffe, under whom, as Superintendent of Nurses, both she and Miss Goodrich and many other loving students had received their knowledge of nursing, referring to her as a most precious possession, a friend who expected much of them and yet was tolerant of their failures to meet her expectations.

Miss Goodrich made the principal address stating that occasions like the present one were revealing and significant, particularly when one traces the part being played by women in modern movements. She quoted Overstreet's prophecy that one of the greatest imprints on the new education is to be the newly emerging spirit of womanhood. Since the purpose of education is the making ideals work, women's part is to be continually greater because women have powers to do this preëminently and in no phase of endeavor more so, than in their most timely expression, which is nursing. She went on to say that the great lesson of the early days in nursing was the significance not so much of knowledge, as of the type of personality. One cannot define what produces personality, but when occasionally there arises a "dynamic something," we must see to it that the example is developed and perpetuated so that succeeding generations may have the benefit of it in their effort to help students and colleagues measure up to such a gifted personality as this one we had met to honor. Miss Goodrich added that social orientation is necessary for nurses in that it gives them a relationship to the entire community. It comes only from education, "that index of aspiration" —and in nursing education preëminently the "adventure of thought meets the adventure of action." She said that in Miss Sutliffe and her influence on the early days of nurses was found the spirit of adventure and of eagerness, the essence of a "throughput," the ability to accomplish. In the portrait will be found not only the genius of the artist, and the personality of the sitter but the spirit of Miss Sutliffe's students is integrated there. It is well that in such a portrait there is no portrayal of academic hoods, or medals of distinction, indications of discarded values, for in the picture students of the future will read something vastly more valuable, the majesty of kindness, the strength of frailty and the penetration of purity.

Dr. Robinson spoke briefly of his hope to be able to carry on the fine

spirit of this notable school and of the person who has done so much in building up its achievements.

Mary Beard, President of the Alumnae Association, in presenting the portrait, spoke of the influence of Miss Sutliffe and her teachings in the early days and in the unchanged effort of the school and of all good schools to produce the best possible type of nurse. She spoke with feeling of the significant fact that fifty thousand dollars had been given to the Grading Committee by nurses to discover and expose the greatest weaknesses of the nursing profession, a fact that is an evidence of the ideals of nurses today.

Edward Sheldon, President of the Board of Governors of the New York Hospital, in accepting the portrait expressed his gratitude at the generous, thoughtful and adequately conceived gift—a gift of outstanding excellence; and Miss Sutliffe, herself, made a few brief remarks expressing her appreciation of the affection and consideration shown her. Miss Sutliffe was Superintendent of the New York Hospital School of Nursing from 1886 to 1902.

There is something beautifully symbolic in such a gift at this time, for the school and hospital, when the new medical center now rising on New York's upper east side is completed, will leave the scene of Miss Sutliffe's labors for the wider opportunity of the new institution. With them will go, not only the lovely portrait, but the steadfast spirit of a great past, the one to serve as a reminder, the other as a quickening influence throughout a great future.

The Joint Administrative Board of the New York Hospital-Cornell Medical College Association has asked the Alumnae Association of the New York Hospital School of Nursing to form a committee of three, of which Mary Beard is Chairman, to advise on all matters pertaining to nursing in the new unit. Dean Goodrich of Yale and Miss Jordan, Superintendent of Nurses, are honorary members; Anna Reutinger and Lydia Anderson are the other members of the committee.

The committee will have under advisement the organization of the nursing service, personal qualifications and status of positions, the physical plant of the hospital from the nursing point of view, the type and levels of nursing education, the organization of teaching, relation of these New York Hospital activities to the nursing situation in general, financial needs, and special features of the nurses' residence and of the teaching equipment.

A Practical Suggestion

TO prevent noise.—Ends of worn-out and discarded rubber sheets were cut into narrow strips and used to wrap and completely cover the bars of the utensil rack in the service room. The ends of the strips were sewed together as needed. The result is gratifying.

JENNIE JOHNSON, R.N.

Illinois.

Nipping That Cold

THE latest attempt to convince us of the seriousness of colds is a little, brightly-illustrated eight-page leaflet entitled "That Mean Cold." Its brevity, terseness, attractive make-up, including an eye-catching cover, should earn it a wide reading. Sample copies and supplies to meet ordinary needs are offered free by the Life Conservation Service of the John Hancock Mutual Life Insurance Company, Boston, Mass.

The Nurse as Interpreter of Life[1]

ANNIE W. GOODRICH

WHATEVER the past may have offered to stimulate interest in the adventure of life, it pales before the promise of the new sciences bearing upon nature, and preëminently upon human nature. For man, having set up a complex machinery of life, has now turned the scrutinizing eye of science upon himself, with a resulting revelation of defects, it is true, but also of possibilities of creative achievement heretofore undreamed of. Never was so intriguing a program conceived; never were there goals of such import as those to which these new sciences—Biochemistry, Psychology, Sociology, and new findings of the older sciences—are leading us.

Within a century, almost phenomenal changes have been brought about. Diseases, relentlessly persistent, have been tracked to their lair and will soon be eradicated. Mental deviations, the curability of which was not conceived to be within the range of rational thought, have responded to new understanding. A veritable mosaic of means has been evolved for the study and development of each aspect of that intricate, dynamic creation—the human machine.

In this program, woman is destined to play a leading part. There is now a growing understanding of the fundamental importance of health, that composite term for man's best physical, mental and spiritual expression, in building an efficient society. It is accepted that environment is a more potent factor in the individual life than is heredity; and that ineradicable impressions are stamped upon the mind in the early months, even weeks, of the child's existence. In the light of these facts, the rôles of mother, nurse and teacher assume almost stupendous potentialities. The age-old tradition of the sacredness of motherhood is imbued with deeper significance; greater insight and modern methods of education are required of the teacher; and a less sentimental and more comprehensive interpretation of her function is demanded of the nurse. For all, if the rôle is to be sustained, the rich soil of a liberal education is needed. Says Chancellor Lindley of the University of Kansas: "A liberal education will lift any ordinary job from the level of a task to the level of an art, and from the level of an art to the level of a religion—through the leadership of *artists*, not merchants of art." To be less than artists in this field of human engineering is to betray the greatest cause upon which man has yet embarked. Above all others, the nurse, as counselor to the mother and precursor of the teacher, should so interpret her function.

To appease the great hunger for life of mental satisfaction, young women are, in increasing numbers, turning to the college. But the function of the college should be to stimulate, not appease this urge. One of the great scholars of the day, in discussing the purpose of the colleges and universities, calls attention to the influence of the universities, at the time of their inception, upon European life. "Here" he says, "the adventure of thought met the adventure of action."

To the nurse, working in the different levels of the social structure, in touch with the fundamentals of human experience, is given a unique opportunity to relate the adventure of

[1] Reprinted, with permission, from *The Red Book* Magazine, January, 1929.

thought to the adventure of action—this to the end that the new social order to which we are committed by our forefathers may be realized. To effectively interpret the truly great rôle that has been assigned her, neither a liberal education nor a high degree of technical skill will suffice. She must also be master of two tongues, the tongue of science and that of the people.

To the eager army of youth, with its aspirations, its zeal, its new understanding of the reason for things, the world looks for its new undertakings. To no field does the call for the finest expression of womanhood come with greater insistence or greater justification than that of nursing—a call that cannot be denied.

Seven times have I despised my soul:

The first time when I saw her being meek that she might attain height.

The second time when I saw her limping before the crippled.

The third time when she was given to choose between the hard and the easy, and she chose the easy.

The fourth time when she committed a wrong, and comforted herself that others also commit wrong.

The fifth time when she forbore for weakness, and attributed her patience to strength.

The sixth time when she despised the ugliness of a face, and knew not that it was one of her own masks.

And the seventh time when she sang a song of praise, and deemed it a virtue.—From "Sand and Foam," by Kahlil Gibran.

The Education and Service of the Nurse

"IN a somewhat perplexed frame of mind, as I have wondered what ordinary practitioners, such as you and I, could do, it has seemed to me that we were comparatively helpless except in one way, and that particular way is this—that we, in our contact with nurses, in every relationship, whether as teachers of nurses in the hospital or as complementary agents with the nurses in the care of the sick, must try to make every nurse feel that she is indeed a part of the broader, wider art and science of medicine; that she is just as important in her own sphere as the doctor is, and to keep her interested in the patient and in the patient's problems by explaining things to her as we go on, explaining incidents of the illness; praising her at times instead of ignoring her, to a certain extent "high-hatting" her, as the expression goes, and making her feel perhaps that her services are not appreciated. I think we are all guilty of that. I haven't the slightest doubt that we are.

"If I may just say a word remotely personal, I received a month ago a letter postmarked 'Philadelphia,' which was written in a trembling hand; it looked like the hand of a very elderly person. I opened it and it contained a very large number, perhaps fifty enclosures, slips of paper, and a very brief letter which read: 'Dear Dr. Cheever; I venture to write this to you because I think you will be interested in these mementoes of a member of the profession who has died and whom I revered very much.' It went on to say that the writer was a nurse who had graduated from the Boston City Hospital some forty-five years ago, and had been in the practice of her profession ever since. She said that she had not had a moment's unhappiness in that profession; that she had loved every bit of it; that she was now superannuated and practically retired, pensioned in the family which she had served long and faithfully, and that she was content to realize that her work was about done. The enclosures which she sent were prescriptions, memoranda and notes made by one of the older surgeons who is now dead, which she had preserved. Of course the prescriptions didn't amount to anything in particular, but the notes were memoranda written at the bedside for her guidance in the care of a patient, and every now and then at the bottom of the memorandum for her guidance was written a word or two of commendation of her work the night before. She had preserved those all those years, and it was evident from the manner of her writing that they constituted a part of the intense satisfaction which she felt in her profession.

"If we can, as physicians, have that same relationship with nurses and make only a few nurses, or perhaps one nurse feel that her profession is worthwhile, I think it would do something, at any rate, to solve the problem which we are discussing tonight."

DAVID CHEEVER, M.D.,
New England Journal of Medicine.

The First Grading

MAY AYRES BURGESS, PH.D.

THE Grading Committee is starting to grade. Before many weeks are over it is hoped that the many details will have been arranged, the preliminary experiments carried through, and it will be possible for the Grading Committee to approach the various schools with an invitation to come and be graded.

Grading will be voluntary. Each school will be invited to take part, but whether or not it will do so is a matter for each one to decide for itself. It seems probable that most of the good schools will be eager to join in the study, since they will be interested in knowing how they compare with other schools, and at the same time will be anxious to show that they are not afraid of being studied.

There will probably be several different gradings during the next few years, and it is expected that they will change in character as the work progresses. For this initial study, however, it has been decided that all of the findings will be based upon individual reports which the hospitals themselves will fill out and forward to the Grading Committee. There will be no national visitors sent out from headquarters to the individual schools; but each hospital will be responsible for gathering the necessary information and forwarding it to the Grading Committee.

The first grading of the schools will be as illuminating to the Committee and the professions it represents as to the schools themselves. Although the nursing profession has been working on the problem for many years and has made notable advance, it is nevertheless true that outside of a few leading institutions there are as yet few standards generally accepted for nursing education; and very little knowledge as to what the schools are like or what they are actually doing. The chief purpose of the first grading will be to discover what the educational picture really is.

It is to be expected that in the course of the study there will be revealed

Facts about the First Grading

1. Grading is coming soon.
2. It will be voluntary.
3. There will be no inspectors. Each school will make its own reports.
4. Grades will be based not upon how what the school does compared with what some one thinks it ought to do; but rather upon how what it does compared with what other schools are actually doing.
5. Personal opinion will not enter into the final process of grading. After each school has sent in its report, the work of the Grading Committee will be largely statistical.
6. There will be no Class A, Class B, or Class C schools. The final grade which each school receives will be a number, showing how near it stands to the top of the list.
7. The results of the first grading will be confidential. The standing of each school will be known only to those who are responsible for it.
8. The Committee is convinced that the two most important elements in any school are the student material and the faculty. It is to be expected that grading will pay special attention to both these elements.

many problems with which the hospitals and schools are struggling, and upon which they will need help. After the first grading has been made and the problems involved have thereby been clarified, it is hoped that the Grading Committee may be in a position to assist individual hospitals, either by sending visitors or answering letters concerning local hospital problems, or by coöperating with other agencies equipped to render this important service. That development, however, must wait until after the first grading studies have been completed, and the real nature of the assets and liabilities made clear.

Returns Confidential

THE results of the first grading will be confidential. The proper authorities in each hospital will be informed concerning the results for their own school, but they will not know anything about the results for their neighbors. Almost daily, letters and telephone calls are received by the Grading Committee central office asking for reports upon the "standing" of this and that hospital. In the future, as in the past, no detailed information will be given out concerning the standing of individual hospitals as compared with others. Such general inquiries will be referred back to the hospital authorities since the Grading Committee feels that this first grading is necessarily tentative, and it is important that the findings be treated confidentially. It may perhaps be that when hospitals become accustomed to the uses of grading, statements of standing, as, for example, a list of the 100 hospitals having the highest rating, may be published; but at the beginning the Committee will report the standing of any individual hospital only to the authorities in that hospital.

Grading Practical and Impersonal

THE Committee is frequently asked "What do you mean by a Class A school?" The answer is that the Grading Committee is not yet prepared to recommend any specific standards for schools of nursing, and has not yet made any plan for classification into groups of A. B. C. schools, or the like. The Grading Committee is at present concerned not in recommending standards of its own but rather in finding out what the standards are which the schools have already adopted.

Instead of grading a school as "A" or "B" or "C", the Committee is planning to gather the actual records of each school and compare them with similar records from other schools. For example, in considering the amount of schooling which the student nurses have had before they entered training, the Grading Committee will not attempt to state how much is the approved minimum necessary for a passing grade. Instead it will gather the figures showing student education in all the different schools, and will then be able to enter on its records: "School X has the highest average for student education of all the schools we have studied; School Y is just about at the middle; while School Z has a lower average for student education than all the others."

On each item the schools will be arranged in order and numbered from the one having the highest record down to the one having the lowest. The "grade" each school earns will simply be a number which shows upon which rung of the educational ladder that school is standing. The final grade will be a composite of the school's comparative standing on each of the items studied. If, for example, 1,000 schools took part, the school making

the best all around record would be numbered 1, the worst would be numbered 1,000; the middle would be at 500, and schools receiving grades, say, in the 200's, or 300's would know that their standing was well above the middle.

When this method of grading is used, the grade which any school receives tells not so much whether it is doing good work or poor; as whether it is doing better or worse than its neighbors. In other words, each school is judged, not in the light of some theoretically ideal standard, but in the light of the practical demonstrated achievements of other schools of more or less the same type. Grading will not rest upon personal opinion. It will rest entirely upon the facts as to their work reported by the different hospitals. The function of the Grading Committee is to gather and tabulate those facts. Its task is not to judge, but to report. With this method of comparative ranks there will always be a few schools at the top of the list, even though they may all fall short of some theoretically desirable standard; and the standards which are reached by the best school will be within reasonable grasp of most of the others. Incidentally, just which that "best school" will be is a matter for interesting conjecture. It is by no means easy to predict.

What Questions Will Be Asked?

WHILE the arrangements are not yet completed, in all probability the first grading will include such items as the following: The education and maturity of the student nurses; and the education, experience, and background of all the graduate nurses with whom those students come in contact. This would call not only for data concerning the superintendent of nurses and her assistants, but instructors, supervisors, head nurses, and graduate nurses doing floor duty or occupying other positions within the hospital.

The Committee is convinced that the two most important elements in any school, no matter whether it be large or small, and no matter for what profession it is preparing its students, are the student material and the faculty. In the case of schools of nursing, the faculty should really be considered as including all those graduate nurses, as well as non-nurse teachers, with whom the student comes in contact while in class or on duty. Since most nursing education occurs not in the classroom, but on the ward while the student is actually taking care of patients, it becomes important to know what sort of teaching she is securing, and who the teachers are under whom she works while on the ward. From this point of view, the supervisors, head nurses, and general floor-duty nurses with whom she comes in daily contact are among her most influential teachers.

It seems probable that the Grading Committee will attempt to gather some facts as to the health of students, the length of the working day and working week, the time in class and on duty, and the proportion of student nurses to patients, and to graduate floor nurses. It is safe to predict that the standing of the hospital itself, in the eyes of hospital and medical accrediting agencies, will be considered as having considerable bearing upon the probable quality of its school of nursing. The list will undoubtedly be extended with many other details, but experiments already completed show the importance of those items which are mentioned here.

The first grading cannot, of course, discover all the essential facts about any school. It will not attempt to do

so. If it can, however, select a few questions which are fundamentally important to nursing education in every school of every type, and can give the individual hospitals information as to where they stand in their handling of these problems, it is believed that the Grading Committee will render an important service both to the hospitals and to the nursing profession. It is with the hope of helping hospitals to improve the quality of the nursing education they are able to give, that the Grading Committee has adopted the grading project.

Because it takes weeks upon end to gather the facts and put them in shape for publication, for the next few months there will be few results to show. Nurses who are contributing to the Grading Committee and watching its work with eager interest can rest assured that the work is going rapidly ahead, that new material of great importance is being gathered, and that before too many months are over there will be new findings made available to all those who are interested in the problems of nursing education.

A Private Duty Experience

THE second flight of stairs was always the hardest. The slender form of the nurse mounted it slowly, painfully, one step at a time because of her lameness. She could breathe a sigh of thankfulness when she reached the top step and set down the load she was carrying. As if its weight had started some unseen mechanism, at once the door bell began to ring on the first floor, the basement door shook under the vigorous kicks of the grocer's boy, and the telephone shrilled insistently. No use to start down again until she had peeked in the oven and into her patient's room. Then the descent, not quite so bad as going up. The telephone was answered and returned an exasperated, "Beg pardon, wrong number"; the postman handed in the mail with a reproachful glance for her belated arrival; and she limped on to the basement to check up the groceries and load them in her arms for the upward trip. She cast a suspicious glance at the faucets to be sure the water was still dripping, for it was bitter cold and the coal famine a very real calamity. Everything all right, her mind registered with satisfaction.

Up again she went to her patient's kitchen, warmed at least by a gas range though it did burn fitfully at times. She probed the baking potatoes and the chicken, took out the finished cornbread, prepared vegetables, whipped cream for dessert, and at last surveyed her completed tray with some pride. But these culinary performances were not allowed to take place without interruption. Her widowed patient "took renters" and it seemed to be the duty of her companion to receive and mollify them when they appeared with complaints about the scarcity of gas or expected letters which they felt sure had been lost. The patient was plump and a hearty eater, now that the doctor let her have what she wanted, and she complimented the nurse on her cooking, but complained that she was not being entertained sufficiently. However, she found solace after dinner in a big wad of gum and a magazine, while the nurse revived the sinking fire which seemed to need "artificial

respiration," and then ate her own dinner in the kitchenette. As she ate, she grinned to herself to think of the time when she was afraid she could not make good as a "Convalescent's Companion," because of her lameness, for here she was doing everything and a little more, and proud of it, if it was painful! But she almost wished she had not let her physical handicap lead her to agree to come without pay. Still she must have her bare living somehow and her stiff knee was worse, instead of better, six months after the injury. She did wish the doctors would find out the trouble and cure it. Perhaps her own experience had made her too sympathetic for the widowed patient in her financial troubles; she understood so well how a pocketbook must have suffered after nine weeks in a hospital, two operations for an abscessed appendix and pneumonia on top of that.

After she had planned her afternoon's work, she removed her splinted leg from a chair and grudgingly and tenderly lowered it to the floor. First to exercise the broom a bit over three rooms, two flights of stairs, halls and porches, with the bells serving as punctuation marks all along. Of course the doctor must come in the midst of it, and she must betray her lameness, which he had not noticed before, by climbing the stairs. Then she stood at attention for a half-hour while he visited with the patient and prophesied zero weather before morning. It was a comfort to speed him on his way, well satisfied with the excellent progress of the wound.

The last moments of cleaning were enlivened by various speculations: "How in the world does one cook a rabbit? Are candied sweet potatoes done like candied orange peel? What makes a water pipe gargle like that? Is it perhaps a cardinal symptom? When do I iron the uniform I washed last night?" Then a call from the convalescent chamber: "Won't you run to the store on an errand?" Run! Yes, indeed, on that ice, with that leg, but she went. Good to get back, but now it was time for T. P. R., then medicine to give, incision to dress, etc. And next supper to get—always something to be baked.

After supper, dishes again, milk bottles to go out, more waiting on patient, then a few moments snatched to scribble home letters, with the patient remonstrating that she was not more "companionable." She almost wrote into one letter, "When is a Companion not a Companion? When she is a maid of all work," but she pulled herself up in time from that indiscretion. Bringing in coal for the fire was not so bad, this time, because it could be banked for the night and cease its voracious eating of fuel. Water had to be drawn for the night's use, and the supply turned off and the pipes drained to prevent possible freezing. It was late when she finally locked up the house.

Then came the great discovery! The toilet tank had frozen and overflowed. "Those tenants!" moaned, in despair, the Companion to a Lonely Convalescent, advancing on this "offensive." She reminded herself that this was to have been only light work, and then smiled viciously—"a plumber's helper is what she needs!" Even after being thawed out, the bowl refused to function until a shuddering hand had extracted three large frozen fish heads and tails to match from its depths. "Heads and tails, too. I guess I win!" she said, as she shivered into bed at an hour when Santa should have been making his rounds. "Christmas, too! Oh, well, I won't have to make rounds with *him* anyway!"

The dis-comforters wouldn't cover her feet so she was glad to be up early after a short, cold sleep. Seven degrees below zero! In Dixie, too. The little nurse limped fearfully on her rounds, turned on the water, and then reached the basement to find an admirable skating rink where the boiler pipes had burst. But then she was too lame to skate! She had supposed that the boiler was drained by the hot water pipes. She stood and gazed in awe at that forty-gallon tank. Could she save it? A plumber? None to be had, of course, on such a morning. So oil stoves and torches and indomitable persistence finally thawed it out and, with relief, the exhausted companion went up to cook breakfast.

The widow greeted her with a sweet "Merry Christmas" and a half-pound box of candy, presented with the accompaniment of bewailing the condition of her finances, which prevented greater generosity. She also wondered where her nurse could have been so long downstairs. But she was soon happy with "grits and gravy" and hot biscuits and syrup, giving orders, between mouthfuls, for a Christmas dinner.

And so on, for two weeks. Then just as the wound was healed, and the little lame nurse was ready to leave, the poor widow's *husband* appeared to take care of her! They explained that as the widow was receiving a benefit from the policy of her first husband, they did not want this marriage known, since it would mean that loss of income, and also remove her name from the will of an aunt. Whereupon, one small, limping nurse promised herself solemnly, "no more free gratis cases while I am a cripple," and then she immediately broke the promise and went to take care of a poor preacher who was delirious with pneumonia and meningitis. Well!

Headquarters for Nurses' Association of China

"THROUGH the efforts of our General Secretary, Shih Hsi Em, the government has recently presented to our Association a house in Peiping to be used for Headquarters as long as it is needed. As we have no building of our own in Hankow, we have to pay heavy rent for our office rooms. Our expense for rent, taxes, water, etc., is about $150 per month. It is absolutely impossible for the N. A. C. to carry this heavy burden in addition to the ever-increasing expenses of the Association. Realizing this, Miss Shih approached the government with an appeal for funds with which to build our headquarters in Hankow. The reply was that, while the government deeply appreciates the work being done by the N. A. C., it was impossible for them to give any financial aid at the present time, also that they had no houses available in either Hankow or Nanking, but they had a house in Peiping, and they would be glad to give this house to the N. A. C., free of charge, as long as it is needed.

"Looking farther into the future, in making plans for Peiping as the National Educational and Medical Center, and realizing the importance of the work being done by the N. A. C., and appreciating the fact that closer cooperation between the medical and nursing work would make for better service for China, there is a very strong possibility that the government will give a piece of land (if requested), about seven mu in size, to the medical and nurses' associations on which to erect headquarters. In order to secure the gift of this piece of land from the government, it must be accepted by both Associations. This does not mean it is necessary to erect joint headquarters. Each Association may put up its own building if desired. If this land in Peiping is accepted and the land in Hankow is sold, with the money realized from the sale and with the Headquarters Funds now in hand, it would be possible to build our Headquarters in the near future.

"Since the government has graciously presented us a house, free of charge, in Peiping, the Executive Committee has instructed the Secretaries to move the N. A. C. office work there, temporarily, as soon as possible, in order to save money for other needed expenses for the Association. "After the first of February, all letters should be directed to the *Nurses' Association of China, Peiping, Hopei.*"

Evelyn H. Hall, Superintendent Emeritus

ELIZABETH S. SOULE, R.N.

EVELYN H. HALL is retiring as Superintendent of the Seattle General Hospital to become Superintendent Emeritus. Miss Hall was born and educated in central New York. An excellent home training, as well as her natural ability as a teacher, has contributed to her success in her chosen profession. She taught school four years before entering nursing, and graduated from the Methodist Episcopal Hospital of Brooklyn, New York, in 1895—where such eminent men as Dr. George R. Fowler and Dr. Lewis Pilcher contributed to her schooling. For two years she supervised the private patients' pavilion, did private duty nursing for two years, and was superintendent of her Alma Mater for four years.

In 1902, Miss Hall came to Seattle as Superintendent of the Seattle General Hospital. At that time the city was little more than a frontier town. Nursing was not developed, and schools for nursing were just being started. Doctors trained to work in well-organized eastern hospitals labored under great difficulties in giving adequate care to their patients. The institution, which became Miss Hall herself, attracted medical men of the highest type because it provided a place where they could work safely. Here they found conditions as they had been accustomed to having them in the east.

From the beginning Miss Hall established high nursing and administrative standards, and upheld them firmly, in face of great financial and practical difficulties. Her unusual ability to read character enabled her to select a fine type of woman for her school and into this material she projected her own splendid spirit of service. In the administration of her school of nursing Miss Hall unfailingly took advantage of the most progressive movements in nursing education. At the present time, 450 of her graduates are carrying her ideals into the practice of their profession.

EVELYN HALL, R.N.

The Seattle General Hospital has acted as a nucleus for development of many institutions now serving the city of Seattle. The City Board of Health profited by her advice in its formative stage; the City Emergency Hospital had its beginning in her wards; the Children's Orthopedic Hospital started as a lone bed under her direction, and when it became an independent institution, two of her graduates guided its early development.

Affiliation for nurse training in care of children was established in connection with the Orthopedic, has continued for the Seattle General Hospital, and has been extended to other hospitals of the State. When the University contemplated establishing a five-year course, leading to a degree of Bachelor of Science in Nursing, Miss Hall was the first to recognize its value. She gave much time to the University Advisory Committee and her institution was the first to accept students from this course on a two-year basis. Later, when the Public Health Course was formed, she gave it active support and contributed to the personnel of the first class from her own faculty and Senior groups.

In the field of professional organization Miss Hall preferred to take a minor part and to send members of her faculty for the active work, but her influence was felt in organization of her alumnae, of the State Nurses' Association, the State Board of Examiners, the State Registration Act, and the League of Nursing Education. During the last ten years she has been taking a very active part in all organizations and educational work relating to nursing and to hospital administration. She was the first President of the Washington League of Nursing Education, and she has just retired as President of the Northwest Section of the American Hospital Association.

From this brief sketch of her activities comes some realization of the benefits which nursing and the medical profession, as well as the public, have received from this quiet, forceful personality, working in the development of the hospital and the school of nursing in the far West.

In her retirement to her beautiful home on Mercer Island, Miss Hall will not be withdrawing from her professional or community activities, since she lives an abundant life, socially and professionally. Now that she is relieved from routine duties, she will be able to make even greater contribution to the many interests close to her heart.

Early Diagnosis

EARLY discovery of tuberculosis means early recovery. The National Tuberculosis Association plans an intensive nation-wide campaign for the early diagnosis of tuberculosis to be carried on throughout the month of April. A contribution to this campaign is a leaflet entitled, "Three Portraits: Is One Yours?" It tells the story briefly and pointedly of the possibility of hilum tuberculosis in the school child, and of beginning tuberculosis found so frequently in the employed girl and the adult man. The basis of the message is that early diagnosis may result in early cure; thus stressing the importance of physical examinations. This publication will be supplied free by the John Hancock Mutual Life Insurance Company of Boston, Mass.

How Many Medical Associations Can Say as Much?

IN a report of the Medical Society of the County of Kings, New York, we find the following: "Our coöperative community activities are based upon participation rather than mere endorsement or approval of some other organization's work. We have maintained reasonably close contact with the Department of Public Health; with the various health and welfare agencies; with the Visiting Nurse Association, to which organization we act as Medical Advisory Board; with the Nurse Official Registry, on whose governing board the County Society has representation; and have continued to maintain our efforts, in regard to illegal practice, to make the Webb-Loomis Bill work; to provide popular talks to lay audiences; and to make our own professional activities increasingly more effective."

The Nurses Build

VIRGINIA McCORMICK

A NEW building is being erected across Seventh Avenue from A. N. A. Headquarters. Its foundations lie deeply bedded in their rocky base. Drilling and blasting that rock took many weeks. Then came the period of steel construction, of brick-laying, of plumbing—a half-dozen separate pieces of work being carried on at once.

As the building rises in height and acquires structural shape and architectural form, still more individual labors are under way. The plasterers have arrived. Another group of workers is attending to the windows, and still another busies itself with the installation of fixtures.

The building will be completed, they say, this spring. The decorators and painters, the small army of cleaners, electricians, and furniture installers will give place gradually to the permanent organization of this new hotel. And this organization, also, will be composed of small units working independently yet wholly coördinated into one great machine.

The new hotel on Seventh Avenue is only one of a hundred buildings of the same towering height being erected this year in New York. Therefore there was a precedent and the skill acquired by repeated action, in the work of the swiftly moving groups that have come and gone in the new building, doing their work and then giving place to other workers.

But when the nurses of America undertook to rear a great organization through which might be accomplished those objectives in law and education which were vitally needed to protect the public and themselves, they had no precedent upon which to build. They could not tell, except through experiment, which groups would be needed first to make their contribution. They could foretell but little as to what work was most important to be done.

As new situations and emergencies arose—and they were, and are arising constantly—new groups were organized to study and solve the problems, to give their experience to the growing organization. It is for this reason that the structure of the American Nurses' Association may seem complicated and slow-moving and, perhaps, a bit ponderous to those who do not understand its growth. There may seem too many committees which may appear, to our modern impatience, tortoise-like in their motion and arid in specific accomplishment.

Yet in the thirty or more years of organized nursing in the United States, the American Nurses' Association has built an organization of more than 76,000 members, reaching into every state and into every part of every state where there are graduate nurses. It has brought about nurse practice laws in every state, thus being an important factor in the standardizing and perfecting of nursing procedure. It has developed and maintained a relief fund for the ill and aged members of the nursing profession in need of help. It is developing a code of ethics. It has contributed largely in gifts and has been generous in answering appeals for aid by such gifts as those to the *Journal* Purchase Fund (long ago completed), to the Relief Fund, the Robb scholarship fund and the McIsaac loan fund, the Bordeaux School and the Committee on Grading. And it has achieved all this only through that seemingly slow-moving machine of its national organization.

The structure of stout steel upholding the American Nurses' Association is a simple and effective one, familiar to every member. The officers are a president, first and second vice presidents, secretary, treasurer, and six directors. These eleven, with the president of the National League of Nursing Education and the president of the National Organization for Public Health Nursing, form the Board of Directors.

The business of the Association is conducted by this Board. Reaching down to the bed rock of principles and objectives, the work of the Board is the supporting and sustaining framework of national nursing. But like the steel structure of a great building, the support of the Board and the strength of its work would be a framework only, leaving the structure unprotected on all sides, were it not for the solidity of the supporting membership which encircles it.

The A. N. A. Board could not keep itself sufficiently informed of the needs and trends in nursing; it could not keep itself sufficiently aware of local situations and crises; it could not study the innumerable problems at first hand carefully enough to discover answers, remedies, and new definitions without the strong support of the nurses throughout the country. This support it obtains in three ways: through the membership, as represented in the House of Delegates; through the Advisory Council; and through standing and special committees.

The House of Delegates, which meets biennially at the A. N. A. conventions, is composed of one delegate for every fifty members of each state association. To this body are referred all questions which have risen before the Board of Directors during the previous two years which require a vote of the membership; and it is this body which elects the officers and the Board of its national organization.

The Advisory Council has, as its name implies, no executive function. But its value as a supporting factor to the Board of Directors is great. Comprising the Council are the presidents of state associations, the chairmen of sections, the editors of the *American Journal of Nursing*, and the superintendents of the government nursing services and bureaus.

The Advisory Council binds closely the national organization and its constituent groups. It is informed of board actions and, in return, it presents at its meetings, such problems relating to its particular fields and its particular sections of the country as it feels should come before the attention of the Board of Directors. At the biennial convention in June, 1928, a Presidents' Portfolio was presented to the state presidents at the first meeting of the Advisory Council, this compendium being composed of all possible material which might prove informative to the states as to the work, policies, and procedure of the national body.

But it is the committees which, like the various groups of specialized workers doing their particular part toward the erection of the new building, enable the American Nurses' Association to carry on its work on an informed and intelligent basis. During the thirty years of the history of the American Nurses' Association, how many subjects have needed the careful study of devoted nurse leaders!

Today there are ten standing committees working out their policies and problems and referring them to the Board of Directors for action. They are the Membership Committee; Program Committee; Committee on

Arrangements; Publication Committee; Public Information Committee; Nominating Committee; Relief Fund Committee; Committee on Revision; Committee on Finance; and Headquarters Committee. Briefly stated, their duties are as follows:

Membership Committee investigates the eligibility of all state and territorial associations applying for membership in the A. N. A. Its findings are reported to the Board for action.

The Program Committee and the Arrangements Committee center their work on arranging for the biennial conventions, the chairman of the latter committee being a resident of the city where the ensuing biennial is to be held.

Publication Committee is responsible for the issuing of biennial convention proceedings and of the List of Accredited Schools which is revised every second year.

Public Information Committee develops publicity policies and programs.

Revision Committee receives all the proposed amendments to the by-laws of the American Nurses' Association and submits them for action at the biennial convention. It also advises state associations with regard to proposed amendments to their constitution and by-laws for the purpose of keeping them in harmony with the *Articles of Incorporation and By-Laws* of the A. N. A.

Nominating Committee prepares the tickets for nominations of officers preceding each biennial convention. The ticket is based upon nominations from the various state associations.

Relief Fund Committee has the responsibility of administering national relief for the American Nurses' Association.

Committee on Finance makes out the budget of expenses for the year and advises as to the expenditure of funds.

Headquarters Committee represents the A. N. A. in connection with national Headquarters.

National Headquarters of the American Nurses' Association are located, as is known to every member, at 370 Seventh Avenue, New York City, in the building with the offices of twenty other national health agencies, and on the same floor with the national offices of the National League of Nursing Education and the National Organization for Public Health Nursing. The offices of the *Journal* are on the next floor above where is located also the Committee on the Grading of Nursing Schools.

Headquarters' staff includes a director, field secretary, publicity secretary, office manager, bookkeeper, and the necessary stenographic assistance. Another field secretary was added to the staff, March 15, her immediate work being a study of the official registries and their relation to adequate nursing of the community. Headquarters is the clearing house for Board and committee activities and it is becoming more and more the central contact between the national organization and the individual nurse.

Two other groups of committees round out and complete the structure of the American Nurses' Association. The first group consists of the special committees appointed as the need arises and discontinued when their work is completed. Because of the constant necessity for change in the committees as the problems alter and the work expands, a Committee to Review Committees was appointed in June, 1928, and it was acting upon its report that certain committee changes will be recommended through the Board to the House of Delegates at the 1930 biennial convention.

At present the special committees consist of the Insurance Committee; Committee on Biographies; the Committee to Consider Communications Requesting Affiliation or Endorsement; the Committee on Federal Legislation; the Jane A. Delano Memorial Committee; the Committee on Registries; the Committee on Transfers; the Committee on Professional Relations and the Committee to study the Status of Colored Nurses, which, by vote of the Board of Directors in

January, 1929, are to combine their groups, the latter being a sub-committee of the Committee on Professional Relations.

The American Nurses' Association joins with her two sister nursing groups, the National League of Nursing Education and the National Organization for Public Health Nursing, in the following joint committees: The American Nurses' Memorial Committee; Common Activities Committee; Committee on the Distribution of Nursing Service; Committee on Ethical Standards; Committee to Raise Funds for Grading Study; Committee to Study Harmon Association Annuity Plan; Ideal Magazine Committee; Committee on International Affairs; Hospitality and Program Committees for 1929 Congress of the International Council of Nurses; Committee To Consider Possible Association of Lay People with Nursing Organizations; Committee to Study the Relation of Nursing to Maternal Care; Committee to Consider Triennial rather than Biennial Convention; and Isabel Hampton Robb Memorial Fund Committee which is a self-perpetuating group administering that fund and the McIsaac Loan fund.

Thus is being reared the structure through which organized nursing in the United States is developing. The strong, simple framework of organization is amplified and supported by the help of the smaller groups, the whole being erected by countless units of workers making their contributions as the need arises and then going on to other duties.

The structure is not completed yet. The final step in organization has not been taken. For unlike the building made of steel and stone, the living growing entity of organized nursing never will cease, so long as it has life, from being broadened and heightened and deepened. Always there will be new work to do with new groups of workers having new functions and new training. But the building of the American Nurses' Association can grow to the limit of its potentialities, it can answer the utmost challenge to its powers and to its good faith, so long as its foundations are hewn deep into the enduring rock of self-giving and intelligent service.

Social Diseases

THE New York State Congress of Parents and Teachers, in October, went on record as follows:

"As statistics report that social diseases exceed in number those of other contagious diseases (10 per cent due to innocent contagion through kissing, drinking cups, etc.) and that these infections reach their height, according to laboratory tests, by the age of twenty-two,

"As, marriage licenses in New York state require that the contracting parties pronounce themselves free from these infections before the license is issued, and

"As, at the present time there is insidious propaganda through magazines, movies, etc., fostering undue familiarity and promiscuity among young people, leading to tragedies and to the pathetic plea, 'if I had only known,'

"the P. T. Associations are urged to increase their efforts for specific information with regard to this subject in order to instruct their children and lay a groundwork for prevention, and in this to be guided by the division of Social Hygiene of the State Department of Health."

Also, "as the youth of the present generation are meeting new conditions which require a new type of education through the home, the school and the church, in order that clear knowledge and wise judgment may be fostered in them, therefore we urge upon all concerned with the character training of young people, the desirability of outlining a social hygiene program as an aid in encouraging high ideals of sex relationships in character formation, home building and parenthood."

My Cap

FERN E. STUNTZ, R.N.

IT lies here before me—a bit of white, crisp linen. There is nothing about it, visible to the eye, which makes it unique or at all prepossessing. An inanimate object, thirteen inches square, made from a large linen handkerchief—please use only the narrow-hemmed ones, says the prospectus—this, my cap.

It is something of a tyrant. It must always be laundered by my own hand because of its unhappy reaction to the ministrations of the laundry mangle. This is an exacting process, this laundering, and always demands doing on the nights I am weariest, and there could not possibly be a cap anywhere which shows so soon a bit of prolonged wear. It is full of temperament. It promptly proceeds to make its wearer look ridiculous if it gets pushed an infinitesimal part of an inch out of plumb. It becomes a sad and sorry affair, dejected and apologetic, if it ever meets a stray raindrop or a brisk breeze. Surely, 'tis not an easy cap to satisfy.

But the charm and magic of this creation completely overlie the imperiousness of its demands, and these latter are only the dear whims of a beloved child. I humor it with love and complete understanding.

During the happily unforgettable days of my preliminary period in training, it began to impress me vividly as a striking thing in itself. It no longer was merely a part of a uniform, an entirely useless little adornment perched atop the head of a nurse. Its own peculiar significance had begun to resolve into comprehension within me. One incident in particular returns to me clearly. I was standing beside our instructor during a practical demonstration. In bending over the bed, her cap, immaculate in starched perfection, was brought very close to my hand, so that by merely moving a finger I might have brushed it. The proximity of that insignia of my desired profession awakened arresting thoughts; definite wishes intermingled with vague longings and, more than all, a keen consciousness of the symbolism of it. For a long moment I was impervious to the wiles of pedagogy, standing apart in gray space with a realization of the gulf between me, the embodiment of the capless, and her, typical of those whose privilege it was to wear it, sweeping over me as freshly and sharply as a cold wind.

It was an increasingly beautiful thing after it was mine, to have and to hold. Sensing its presence was a comfort in times of pressure and a matter of pride in sunnier circumstances. It was a part of me, my refuge and my joy. I derived a certain pleasure out of the moments when it was brushed awry in sudden unexpected contacts with screens or patients, even if the contour might be momentarily—or otherwise—spoiled. I enjoyed having a cap there to be brushed. Its shadow, a slender spire beyond my head, preceding me down a dim hall in the hours of early morning or wavering a bit in a cold winter wind as I went home off duty in the evening, seemed alive with promises of the things I wanted to be.

But it is since my student days are behind me that it is most precious. I bear it proudly with a deep consciousness of the spirit of it. It is the sign of my profession and tells of strong women and tender service. It tells of wise sympathy without sentimentality; broad understanding without cynicism; charity without weakness. By virtue of its own design it represents

my training school, that institution which for three years taught me nursing principles and practises, and whose imprint will be a part of me for all the rest of my life. In strange places and under strange circumstances it is a tie with the dearly familiar. It expresses my trained mind and my trained hands through a labor which absorbs me with profoundly vital experiences; the stark tragedy and the relieving comedy; the high moments and the level hours of quiet needs of the ways of life under great stress. In it are compounded my profession, my training school and myself.

In Rural Australia

A SOLUTION of the problem of providing nursing service for families which live in outlying settlements that are considerable distances from established medical and hospital organizations is afforded by the Victorian Bush Nursing Association. The bush nurse would seem to be synonymous with the American Public Health Nurse. Inaugurated in 1911, the function of the association is to provide trained and resourceful nurses who will undertake general nursing, obstetric, first aid and child welfare work, give hygiene instruction to school children, and advise mothers on home sanitation and mothercraft. After eighteen years of work, there are now fifty-nine bush nursing centers in the state, fourteen of them being hospital centers and twenty-one being provided with ambulances. The hospitals are mostly on a small scale; the largest and most recent contains only four wards and an operating theatre. The obstetric records of the service are worthy of congratulation. During the past year, 792 patients were delivered without a single death. In 715 of these cases, ante-natal supervision was exercised by the bush nurse, and this is considered the important factor in the excellent results obtained. The obstetric work of the association has been very favorably commented on by the director of obstetric research in Victoria, Dr. R. Marshal Allan. No special training center has as yet been established for the nurses, but selected general trained nurses undergo obstetric and child welfare training at the expense of the association. A recent development of the activities of the association is the provision of a "bush housekeeper", who will take domestic charge of a home during the absence of the mother in the hospital. The bush nurses coöperate with the medical practitioners, health agencies and established hospitals in their districts. The preventive aspect of their work is a feature of their valued functions.—From the *Journal of the American Medical Association*, December 8, 1928.

175,963 Lives Saved in New York City by Diphtheria Antitoxin

TAKING a sly dig at the recent meetings of the chiropractors, who condemned vaccination, Edward F. Brown, Director of the Diphtheria Prevention Commission of the Department of Health, New York City, in an address before the Public Health Committee of the Academy of Medicine, made the astonishing revelation that in New York City alone 175,963 children have been snatched from death through the use of diphtheria antitoxin.

Mr. Brown compared a 30 years' experience prior to the introduction of antitoxin with the 30 years after its use. "If we take New York City's child population under fifteen, and apply the 1868–1897 death rate from diphtheria to that group, year by year, for the period during which antitoxin was used (1898–1928), we find that 218,388 children would have died from diphtheria. Actually, however, only 42,425 died, which indicates that the number of children saved by antitoxin was 175,963, a population in excess of that of so large a city as Bridgeport, Conn."

This enormous saving of life, Mr. Brown credited chiefly to the activities of the medical profession in applying the scientific principles of medicine. "But, it is not enough," he said, "to rest on the results thus far obtained, because despite the fact that we can positively prevent diphtheria by the use of harmless injections of toxin-antitoxin, in the City of New York, last year, 10,776 children were stricken with this disease and 642 died. Practically all of these deaths could have been prevented. This rate is twice as high as the death rate from this disease in other cities of New York State. All deaths and sickness from this disease can be eliminated by doctors persuading parents with young children to have them immunized."

Editorials

Postgraduate Work

THE studies of the Grading Committee have tended to make nurses self-conscious. Now comes the announcement that the quality and preparation of the faculty of a school of nursing will loom large in the grading of the schools.

More self-communing! More self-consciousness! Self-consciousness is a corroding thing unless it tends to action. It is a wholesome thing when it acts as a stimulus to self-improvement.

It is a fortunate coincidence that has brought together in this issue of the *Journal* the announcement of the principles upon which the first grading of schools will be made and the announcement of summer courses. Courses in administration and teaching are more generally accessible than ever before. So many ambitious administrators and instructors have this lively incentive to add to their equipment for their tasks that it seems probable that the enrollment in summer courses will be the largest in nursing history.

It is not only among the faculties in schools of nursing that postgraduate work is being discussed. It is a fruitful topic in all groups. The *Journal* will shortly publish the results of its study of the postgraduate courses offered by hospitals, and it is expected that the National League of Nursing Education will undertake a study of standards for such courses.

In addition to these things our professional literature has been enriched by two books which are just off the press. They should be read by every nurse who even pretends to be well informed. "The Nurse in Public Health" by Mary Beard is a work of unusual brilliancy and extraordinary interest. It is stimulating and happily prophetic. It is her chapter on "The Education of the Public Health Nurse" which we publish in this issue. Michael M. Davis, in "Hospital Administration: a Career" sounds a trumpet call for more and better preparation for the important work of hospital administration, in which he believes nurses will increasingly participate.

Nursing is full of a yeasty unrest. The unrest was not created by these studies. The studies are the result, not the cause of it. The restlessness would be unwholesome if it were less stimulating. Nurses will ponder over these important studies. Some will indulge in wishful thinking which won't do anybody, least of all our patients, any good. But many will "read—mark—learn" and will seek the postgraduate opportunities offered by summer courses, by full-time courses, by wise use of professional literature and out of the welter will come an increased self-respect and an increased usefulness with efforts more definitely directed toward the goals of adequate nursing service for all patients at rates which they can afford to pay and which nurses can afford to accept. Out of it, too, will come a highly integrated profession described

by Miss Beard in "an adventurous flight into the future" somewhat as follows:

> One professional national organization, with sections representing special interests, a concerted effort to enroll the other two, out of every three, nurses who are not now members of a national organization. When these aims have been achieved—and they will be achieved—we may look for better and more stable conditions in the profession of nursing.

A Yale Bulletin

THE Yale School of Nursing published its first bulletin in 1928. This was the admirable "Time Study of Nursing Procedures Used in the Care of a Variety of Surgical Patients." It was made by Margaret Tracy, a member of the faculty. Now comes the eagerly looked-for second bulletin. This is "A Compilation of Students' Records Required for the Course in Pediatric Nursing" and was prepared by the Committee on Curriculum, Records and Case Study, of which Elizabeth Melby is chairman. This bulletin is the first of a series now in preparation which will deal with written reports submitted by students while on duty in the general basic hospital services. We predict that the succeeding numbers will be eagerly awaited by all who make the effort to secure this one. (One dollar to the Yale School or to the *Journal!*)

The standard for Case Study set by this publication some will call impossibly high, a veritable counsel of perfection, for any but endowed schools. The Yale faculty are much too open minded to be affronted by such comments. What they have done is to record the results of their own thinking and practice to date on this subject, in the hope that the material may either in whole or in part, be helpful to those who are struggling with similar problems.

The method presented and the studies themselves are full of interest. Above all else two things shine out from every record. The first is evidence that the Yale students are taught not to nurse diseases but to care for human beings with sick minds and bodies and groping souls all needing understanding care. A second striking feature of the records is the clear distinction between what is medical diagnosis and treatment and what is nursing care. Certain factions in medicine have created the bugaboo of the "over-trained nurse or near-doctor." Here is evidence, precise and clear, that the art of nursing is in no sense a mere dilution of medical knowledge. Successive bulletins will undoubtedly help still further to show that it is the well trained nurse, whose art is based on sound scientific knowledge who recognizes the definitive limitations of medicine and the equally definitive limitations of nursing and is concerned to fit them into such a pattern of complete care for the patient that the patient shall be unaware that there is even a hair line dividing the two.

Discovering Tuberculosis in Time

NURSES have two powerful motives for taking an active part in the "Early Diagnosis Campaign" of the National Tuberculosis Association. One is selfish. Nurses are so frequently and tragically victims of tuberculosis that self-interest should drive the profession as a whole into active participation in such a campaign. The other motive is that altruism which is the very bedrock of the profession. Nurses are, or should be, teachers *par excellence*, for they penetrate to the very heart of the home and it is there that the teaching of preventive measures is really effective.

"Early Discovery—Early Recovery!" Such is the slogan of the campaign. Since only about 15 per cent of all patients in tuberculosis sanatoria in this country are incipient or early cases, it is obvious that we have still far to go in the work of prevention and early treatment. With scientific precision and graceful pen, this has been amplified in the article by Dr. Myers on page 397 of this issue. In that article the care of the adult is admirably presented. But the National Tuberculosis Association would go further. It would remind nurses, parents and teachers that "in a period earlier than incipiency itself, adequate preventive measures can be applied with a degree of success far greater than is possible later on." The warning signals of the lung-gland tuberculosis of childhood may be diagnosed by means of the tuberculin test which shows whether or not there are tubercle bacilli in the body and by the x-ray which shows diseases of the lung glands.

Nurses see the children who are undernourished and cannot be brought to normal weight by intelligent feeding and proper sleep, those who are always tired, those who seem half sick, for some reason or other, and those who have feverish periods which are not easily explained. It requires nursing knowledge, nursing skill, nursing diplomacy, to persuade parents of such children to consult doctors, doctors who are prepared to utilize the indicated diagnostic measures and thus institute the care necessary to prevent lung-gland tuberculosis from becoming lung tuberculosis; but, with knowedge and the will to do, much can be accomplished in this vitally important matter which is so aptly summed up in the slogan "Early Discovery—Early Recovery."

The Lady With a Lamp

THE British nursing journals have recently carried most enthusiastic notices of Reginald Berkeley's play, "The Lady with the Lamp," and, since New York papers have announced that Gilbert Miller has acquired the American rights to this London success, we eagerly await news that it is to be produced on this side of the water.

The text of the play corroborates the statement quoted by the *British Journal of Nursing* that

> in the broader sense of truth to character and to the general trend of events, the play is historical, but for the purposes of the theatre it has been necessary to use a certain dramatic license.

Another journal notes that the play has caused the trained nurse to be talked about a good deal in England, and quotes extensively the weekly journal *Everyman* which takes the position that

> by subtle degrees the status of the nurse has declined and is declining. Ostensibly, of course, she stands where she did twenty years ago. She is still the sister of mercy; she knows her job; her position is defined and she is able to maintain it; she is above all things efficient. It is precisely here that the trouble begins. Efficiency is a good servant but a poor master. If it becomes the goal of any high calling, that calling is degraded by its impoverished idealism. The truth is that nurses in hospitals do not have time to nurse. They attend their patients; they supply their obvious wants; in cases of urgency they do more; but they are insufficient, even in point of numbers, to give that devotion and attention to individuals which alone merit the name of nursing.

The impassioned plea closes with the arresting and thought-provoking line, "Let it be acknowledged that real nursing begins where efficiency leaves off."

If the play has caused such discussion as this in England, it is probable that we may expect the pitiless light of publicity to beat upon us when it appears in America. Shall we stand the test?

Our Contributors

The splendid article by **Drs. Seeger and Flaherty,** of the Milwaukee Children's Hospital, was prepared in response to many requests for information on methods of transfusion.

Nurses are willing to take courses in preparation for specific duties and therefore, according to **Michael M. Davis, Ph.D.,** may look, in increasing numbers, to real careers in hospital administration.

Grace A. Wills, R.N., a graduate of the Union Memorial Hospital School of Nursing, Baltimore, has been resident nurse in a private school for some years, a position which frees her for interesting summer work. **Mary M. A. Weiss, R.N.,** is one of the extremely competent field nurses of the Association for Improving the Condition of the Poor, New York City. Summers, she is superintendent at Grey Mouse Farm, a delightful spot where malnourished girls have happy, health-restoring vacations for three weeks.

Dr. J. A. Myers, of the University of Minnesota, is an old friend of *Journal* readers.

Elizabeth Osborne is not only a lecturer but is also a practical personal adviser on woman's dress. She will contribute an article on line and color to a later number of the *Journal.*

Mrs. Agnes S. Hunt, R.N., has used her practical little device in her work as a public health nurse.

Write to the editor if you like "Leonardo, the Great Amateur," and she may be able to persuade **Mrs. Brooke Peters Church** to contribute further articles on the fine arts.

Dr. H. von W. Schulte is Dean of the School of Medicine of Creighton University, Omaha.

We are continuing this month **Florence J. Potts' (R.N.)** series of pictures of equipment displayed by the Shriners' Hospitals for Crippled Children at the American Hospital Association meeting in San Francisco.

Kathryn L. Jensen, R.N., is Director of the Nurse's Division of the General Conference of Seventh Day Adventists, and is therefore in close touch with the educational and service programs of the various Adventist schools of nursing.

Ada B. Lothe, Supervising Dietitian of the Milwaukee County Institutions, believes that personal lessons in nutrition are lasting lessons that should carry over into the health and the health teaching of nurses.

The writer of "A Private Duty Experience" has seen much illness, personal as well as among her patients in private duty.

Hundreds of nurses in the northwest would like to pay tribute to Miss Hall. **Mrs. Elizabeth Soule, R.N.,** Head of the Department of Nursing Education in the University of Washington, was selected for the task because of her long association with Miss Hall in advancing standards of nursing education.

Fern E. Stuntz, R.N., a graduate of the University of Iowa School of Nursing, has been supervisor and instructor there. She is now at the General Hospital, Cincinnati.

In her letter of transmittal, **Irma Law, R.N.,** Inspector of Schools in Missouri, writes that those who have been her students regard Miss Farnsworth so highly that it would be difficult to overestimate her.

Mary Beard, R.N., had a rich background of experience for the preparation of her splendid book "The Nurse in Public Health." She is a graduate of the New York Hospital School of Nursing. For many years she was Director of the Boston Instructive District Nursing Association, and participated in the reorganization resulting in the present Community Health Association. She has had unusual opportunities for observation and travel and is now Assistant Director of the Division of Medical Education of the Rockefeller Foundation.

Addresses Desired

THE Ohio State Nurses' Association wishes to obtain the addresses of the following members who were charter members: Eliza Dickey, Mary Greuer, Sarah B. Kellert, Ella Lennox, Aretta Malotte, Elvira B. Morgan, Louise Stone. Please communicate with the Executive Secretary of the Association, Mrs. E. P. August, 85 East Gay St., Columbus, Ohio.

Eminent Teachers

Helen Ava Farnsworth

IRMA LAW, R.N.

WHEN a student enters a class conducted by Helen Farnsworth, head of the department of nursing, of the Junior College, Kansas City, Missouri, she establishes a permanent relationship of student and teacher, with Miss Farnsworth the teacher. Usually, some time elapses before the student realizes the permanency of this relationship.

A nurse, in speaking of her recently, said that as she attended her first class in "Principles and Practice of Nursing," she involuntarily applied to Miss Farnsworth the word "thorough." "The feeling of awe, because we recognized the broad scope of her knowledge, soon passed, and I began going to her with my problems. I now belong to that big class of her students who, although several years have passed, still seek her advice." Her students are here and there all around the world. They write her from China, from India, from the Philippines to know what books they shall include in the library, or what plans they shall make to use to best advantage their precious furlough to America.

Personal success becomes a kind of debt every student feels she owes Miss Farnsworth. One feels she really shares life's responsibilities with the young women who pass through her classes. Somehow she has personal enthusiasm for every new project presented by the long list of students who

HELEN A. FARNSWORTH, R.N.

solicit her counsel. There is thoughtful consideration for life's problems and perplexities. There is wholehearted approval when success is reported.

The new student, thrilled with her adventure in nursing, finds an earnestness and ardor to match her own. Miss Farnsworth's infectious enthusiasm is explained, perhaps, by the fact that she is ever a student herself. Unflagging interest she brings to every class. She is exacting without being severe; frank and honest without

unkindness; determined but never haughty or unapproachable; indomitable and unafraid.

Miss Farnsworth was born in Pontiac, Michigan. Her education included high school and special work in teacher's training. Her professional preparation began at the Blodgett Memorial Hospital, Grand Rapids, Michigan, where she graduated. Later she had postgraduate courses at The Women's and Children's Hospital in Detroit and at the Presbyterian Hospital in Chicago. Her administrative work as superintendent of hospitals and superintendent of nurses covers a period of several years and includes work in hospitals in Kansas City, Missouri; and in Wichita and Topeka, Kansas.

After taking some advanced work at Teachers College, Columbia University, New York City, Miss Farnsworth returned to consummate plans for centralizing the teaching of student nurses of Kansas City at Junior College. In this she coöperated with Charlotte Forrester, Mary Burman, Eleanor Hamilton and others who were connected with schools of nursing in the city. Late in 1918 the work began. To date, over twelve hundred student nurses have registered for these courses at Junior College.

Another piece of work fostered by Miss Farnsworth was the centralization of the instruction for student nurses in the colored hospitals of the city. This instruction has always been given by a capable colored nurse working under the direction of Miss Farnsworth.

Other professional experience includes that of surgeon's assistant, anesthetist and private duty. As a private duty nurse, she was often called into country districts where facilities were meager but hearts were warm and courage high.

In 1916 she began work with the American Red Cross, teaching large classes of women from the homes of the wealthy, and socially prominent of Kansas City, as well as groups of shop and factory girls. Under Lyda W. Anderson, Director of the Southwest Division of the American Red Cross, she acted as recruiting agent to enroll nurses for service. At this time she was carrying on her regular work as visiting instructor in from two to five schools of nursing in Kansas City.

In her work at the Central School she has experienced all the hardships and discouragements that meet any pioneer project. She has had to defend her motives and hold fast her purpose when many less dauntless would have stepped aside to fields less fraught with strife. Unbounded faith her students have in her sincerity, her intelligence and her good will.

Gossip

SEVEN centuries ago, seven white doves rose from a deep valley flying to the snow-white summit of the mountain. One of the seven men who watched the flight said, "I see a black spot on the wing of the seventh dove."

Today the people in that valley tell of seven black doves that flew to the summit of the snowy mountain.—Kahlil Gibran.

"Paying Guests"

NO—they don't pay in legal tender but by bringing fresh viewpoints and suggestions, these visitors to Association headquarters. We have said a lot about the thousands of miles traveled by staff members in their field work, but worthy of mention, also, is the field work done by members and friends who call at 370 Seventh Avenue and contribute most helpfully to the movement's progress.—From *Social Hygiene News.*

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY NINA D. GAGE, R. N., EXECUTIVE SECRETARY

Education of the Public Health Nurse[1]

MARY BEARD, R.N.

TO educate a public health nurse to carry out all the functions of her calling in a creditable manner is not an easy task, and it has not as yet been accomplished to anyone's satisfaction, least of all to that of the public health nurse herself.

The hospital school of nursing does little to fit the public health nurse for her work. It is only recently that schools of medicine have made even a beginning of teaching medical students the principles and practice of preventive medicine, so it is not surprising that the schools of nursing are not yet ready to prepare young women for the branch of nursing into which so many of the graduates will certainly go.

But it has been found, after a period of experimentation with various short-term courses for public health nurses, that success in health teaching requires the thorough and fundamental knowledge of sickness and the skill in dealing with patients which the regular nurse training course alone can give.[2] Every woman contemplating a career in public health nursing must therefore begin her training as a member of a class in some recognized school of nursing. For this reason the question of the education of the public health nurse involves a consideration of the whole field of nursing education.

The following observations on the present status of nurses and nursing service were recently made by one who sees present difficulties clearly and at the same time is hopeful of the future.[3]

> As in every case of clashing interests each group seems justified from its own standpoint. Attempts to fix blame lead as usual to more heat than light. Certain facts emerge more or less clearly from the turmoil. . . . The cost of private nursing service is prohibitive to people of small, or even moderate, means. Hospitals, especially the smaller ones, have more and more difficulty in recruiting pupil nurses and in retaining competent graduates. Nursing service is too uniformly standardized to be used effectively and economically. Acute and complicated aid is the primary need, with some incidental and simple attendance on the sick. But it must be made reasonably attractive to suitable types in competition with other opportunities which society has to offer.
>
> Fortunately, committees are beginning to study the problem with open-mindedness and good will. They are making studies of the actual facts; they are considering the classification of nurses into three or even four kinds with appropriate training for each; they are discussing changes in the curriculum, better and more economical organization of nursing service both in the home and in the hospital, the more effective utilization of public health

[1] Reprinted by permission from the forthcoming book "The Nurse in Public Health," by Mary Beard, Harper & Brothers, 1929. Price, $3.50.

[2] For a further discussion of this subject the reader is referred to "Nursing and Nursing Education in the United States." Report of the committee for the Study of Nursing Education. The Macmillan Company (New York, 1923), p. 455.

[3] This is a portion only of Dr. Vincent's discussion.

nurses, and means of making the nursing career more desirable. . . .

Whatever is the solution of the nursing problem, one thing seems certain. There will, in any event, be a need for able and thoroughly trained women as administrators, teachers and supervisors. The rank and file may include distinct grades, *e. g.*, registered nurse, household nurse, even aides and attendant, each appropriately prepared; but the officers for these privates must have superior and special education. [4]

Conditions in Nurse Training in the United States

THERE were in the United States in 1926, 2,155 schools of nursing, with a total enrollment of 76,527. The graduates in that year numbered 17,522. There were 368 student nurses in twenty-four university schools of nursing which give a five-year course leading to a degree. Fifty-two of these students were granted degrees in 1926.[5]

A study of the nursing schools of the United States is now being made by a Committee on Grading Schools of Nursing, which is composed of doctors, nurses, persons whose primary interest is education, and representatives of the general public. Commenting on 1,500 schools already studied by this committee, the director of the study writes that more than one-third of these are connected with hospitals having a daily average of less than fifty patients, two-thirds with hospitals having less than one hundred patients, and 471, or less than one-third, with hospitals having more than one hundred patients.[6] In some of the European countries, particularly the Scandinavian group, an average of one hundred patients is required as a minimum for hospitals attempting to maintain registered nursing schools. A service admitting from sixteen to twenty patients per bed per year is an active service; below eight per bed per year is an inactive service. The Council of Medical Education for the American Medical Association urges that hospitals, to be satisfactory for the teaching of medical students, should have at least one hundred beds and an average of seventy-five or more patients.[7]

The Grading Committee discovered early in its investigations a startling difference between nursing schools and schools of other types. A typical nurse training school, a statement of the committee reads, has but one full-time teacher, requires of its candidates but one year of high school work, has but twenty-eight students, is attached to a hospital having a daily average of sixty-five patients, and exacts fifty-six hours of work a week from its students. After reading so far it is not surprising to learn that although the superintendent of nurses at this institution has occupied her post only two years she has just presented her resignation.

There is throughout the United States a large turnover among the head nurses in hospitals. This is most unfortunate for the student nurse, inasmuch as she necessarily receives her deepest impressions of nursing ideals from the head nurse whose example she has constantly before her. An equally great turnover

[4] The Rockefeller Foundation. "A Review for 1925," by George E. Vincent, President of the Foundation, pp. 34–38.

[5] "*Hospital Service in the United States.*" Sixth Annual Presentation of the Hospital Data by the Council on Medical Education and Hospitals of the American Medical Association—*Journal of the American Medical Association.* Hospital number—March 12, 1927, pp. 789, 791, 793.

[6] "Problems Involved in the Grading Program," May Ayres Burgess, Ph.D., *Am. Journal of Nursing*, December, 1926, Vol. XXVI, No. 12, p. 223.

[7] "Hospital Service in the United States." Sixth Annual presentation of the Hospital Data by the Council on Medical Education and Hospitals of the American Medical Association. *Journal of the American Medical Association*, March 12, 1927, p. 825.

occurs among directors of schools of nursing, who hold also the position of superintendent of nurses in the hospital. Here the average time a position is held is two years. There must be more than one reason for this condition, and perhaps the Grading Committee may be able to point them out. In England the ward sisters, who correspond to our head nurses, stay for long terms, ten or even twenty years being not uncommon.

In the schools I have visited the turnover among the head nurses seemed to be the result of the following conditions: (1) the salaries of these nurses are small, (2) there is little prospect of increased compensation with long service, (3) the introduction of trained teachers for student nurses on ward duty has taken away from the head nurse one of her great interests, (4) her prestige in the school faculty has suffered, inasmuch as instructors are usually paid salaries higher than hers.

Medical progress has multiplied not only nursing duties, but other procedures which must be carried out in hospital wards. Nurses are trained to do the work of technicians in many lines; for example, in one hospital visited a nurse had been made permanent technician for the cardiograph room, while student nurses gave considerable time to the preparation of ward patients for cardiographing. In a hospital connected with a school of nursing, blood pressure was being taken every half hour during the day following a surgical operation. Nowadays there are many patients who must be weighed daily; the collection of twenty-four-hour specimens of urine are ordered for many more patients than in the past; and special diets require infinitely more time now than ever before. These are only a few of the additional routine technical proceedings which must be carried out by some one. In England it is more often the medical student who is charged with some of these tasks, while in this country they most frequently fall to the student nurse. Perhaps if such duties were properly adjusted to the nurse's practical program they would be valuable to her education. As it is, one often finds that while they have been multiplied to an almost overwhelming number, the standard of personal care of the patients has been lowered. It is most unusual to find that the budget for salaries of permanent graduate nurses to staff the wards is made larger in order to permit the same degree of nursing care in spite of the time-consuming technical proceedings which the student nurses have had added to their daily practice routine. The bed patient needs a daily bath, but on my recent visits such a standard of personal care was rarely met with. For instance, in one hospital where $6,000 for staff salaries had recently been cut from the budget, the routine of daily care for the patient includes a full bath only every second day, and this is as high a standard as it is possible to maintain, since each student nurse must be responsible for the entire personal care of 4.2 patients.

Present-day methods of educating the nurse are wasteful and, to a certain extent, unwise. The Committee on the Grading of Nursing Schools points out the defects of our system.[8]

Study of a Typical School with a Large Hospital

THE following is not a description of any existing school but of conditions typical of many schools

[8] In "Nurses, Patients and Pocketbooks." An admirable summary of the essential facts is omitted here because of space limitations and also because *Journal* readers are very well informed about the work of the Grading Committee.

accredited by state boards of nurse examiners. The typical school may be listed somewhat as follows:

Bed capacity	275
Daily average of patients	200
Number of registered nurses on duty	20
Number of resident instructors	1
Number of student nurses	85
Entrance age (minimum)	20
Entrance educational requirements (minimum) 4 years of high school work	
Number of months in the course	36
Number of hours on duty a week	52

Offers all services but Tuberculosis, *i. e.*, Medical, Surgical, Obstetrical, Children, Mental, Contagious.

Perhaps the most startling feature to be observed in the hospital wards is the absence of a graduate staff to stabilize the nursing service. It is pretty generally recognized now that such a graduate staff is needed, quite exclusive of the head nurse and her assistant. A school of nursing cannot in any degree meet present-day requirements without such a stable staff. In many hospitals there is often not even a graduate nurse assistant to the head nurse. The head nurse is frequently the *only permanent paid graduate* assigned to the ward. It is not uncommon for this one sole graduate, the head nurse, to make rounds with the house and attending doctors between four and five hours out of her working day of eight hours and twenty minutes. This leaves her three hours and twenty minutes for (a) all her executive duties, (b) housekeeping, (c) charts and order book, (d) visitors, (e) interruptions. It is small wonder that two young head nurses should have told me naïvely that it seemed too bad that they could not get the pupils in their wards together during the daytime to tell them something about the needs of the patients they were nursing. One of these nurses went on to say that she herself had become greatly interested in the physical and mental condition of patients under her care since she returned to the hospital to take a paid position. "Of course," she said, "while I was a pupil nurse I couldn't know much about the patients. If a pupil nurse is at all conscientious she must spend every minute of her time on duty in trying to get through the ward routine. She cannot stop to learn about the patients' mental or physical conditions. There isn't a minute to read histories, question doctors, or learn about the patients from the head nurse." An appalling state of things but quite inevitable while each pupil carries the heavy routine involved in caring for so many individuals. A ward patient is scheduled for two baths a week. I was told more than once that if he got one bath a week the nurses were doing well.

The pupils' working day in the wards runs from 6.45 a.m. to 6.45 p.m., with two hours off, and one hour and forty minutes for meals, leaving eight hours and twenty minutes of actual work. If there are as many as three class periods one hour of the allotted two hours of free time is cut off, but two class periods are taken out of the eight hours and twenty minutes of working time.

The routine is strikingly similar to that of twenty-five years ago, and the number of the nurses and their assignment to the various ward duties is also similar. The chief difference seems to a visitor to be that somehow, in an intangible sort of way, *nursing* appears to have become less and less evident. The hospital, now utilized for teaching medical students, is traversed constantly by young men and women who are busy with the patients much of the time. The head nurse—so much the hostess of the ward in the old days—is so occupied with "rounds" that she seems to be very little in evidence and

to have a curiously lessened influence on the patients. The tone of the ward no longer seems to depend on her. These "rounds" themselves to which she gives so much of her time seem to have been, again in an intangible sort of way, divorced from her. "What have you observed? What do you suggest? What methods do you trust in relation to this patient?" were common questions to be put by an attending doctor to a head nurse in the old days. It is not of any importance to the doctors of today—or so it seems to a visitor—to enlist the interest of the nurses in their problems, nor, on the other hand, do the nurses look to the doctors for help or sympathy in their part of the care of the patient. What has happened?

The typical school has about eighty-five pupils but they are not all in the wards at any one time, of course, as the operating room, outpatient department, night duty, vacations, diet kitchen, and affiliations in four services take them away. They are sent to these services as follows:

Five to a mental hospital for 3 months.[9]
Five to a maternity hospital for 3 months.
Two to the communicable diseases service for 2 months.
Two to social service for 2 months.
Two to a public health nursing association for 2 months.

The last three services are electives, so that out of thirty-six months in the course, eight may be spent in affiliations, leaving twenty-eight months, from which two in the entire three years (or three weeks a year) must be taken for vacations, so that but twenty-four months remain for all ward and other hospital services. One must also remember that time out for illness has to be reckoned with in the case of pupil nurses.

At any one time, then, there may be forty pupils on day duty, divided among all hospital services except that for private patients, and each pupil may have twenty-four months' hospital service.

In one hospital visited there were thirty-seven pupils on day duty, seventeen probationers on duty for a short time during the day, ten night pupils, six pupils in the operating room, two in the diet kitchen, seventeen in affiliating services, and three in the private patient building. An irregular number of pupils is sent to the private patient building, say three at a time. Unless the pupil is carefully taught there her time on that service is not educational.

As one goes about the wards one finds that the old method of giving a pupil nurse charge of all patients on one side of a ward and half of those in the extra beds in the middle of the ward still prevails, so that perhaps twelve patients to a pupil may be a fair estimate of her routine responsibility. She is, however, relieved to a certain extent for two hours early in the morning and again for a short time in the late afternoon when the probationers are in the wards. Now the manual labor of bed-making, dusting bedside tables, serving trays (the same heavy wooden trays of twenty-five years ago), cleaning utensils and lavatories for twelve patients is very exacting daily labor; and the more personal care of the patient, such as bathing, keeping the mouth clean, the back rubbed, the patient comfortable in many small ways must be got in somehow after the routine duties are done. The taking of temperature, pulse, respiration, the administration of medicines, other treatment, extra nourishment—all these routine tasks fall to the pupil, and not merely for so long a time as is required for the procedure to be well learned,

[9] All pupils receive this training.

but throughout the whole period of her ward service, since there is no one else in the whole hospital provided to do any of these necessary duties. In a forty-one-hour week the pupil is indeed fortunate if she can give those two bed baths the patients need, and one can readily see why she never has time to learn anything about the nursing needs of the individual patient. Recently I read this statement written by a clinician: "Medicine has become so much interested in the various functional and anatomical changes in the organs of the body that it has in some measure lost sight of the individual, the patient. The care of the patient as a whole has to some extent been handed over to the nurse." If this is true, what a pitiful state of things must result where the only nurses to care for the patients are so immersed in ward routine that they cannot thoughtfully consider the individual's needs at all.

The medical student is being excellently taught in the hospital today. The total crowding out of any opportunity to teach pupil nurses to care for their patients is, by contrast, all the more disheartening. Think what it would mean to a nurse to have a patient assigned to her for study as the young medical student has. Such assignments of medical students to patients under the guidance and teaching of the attending doctor must give the young student a wonderful opportunity to develop any latent ability he may have.[10]

Student nurses no longer make medical rounds with the head nurse. There is no time for them to do so. I believe a thorough investigation of the actual number of hours of personal nursing care required by various types of patients is more important than any other study in nursing, at present. A beginning of this type of study has been made by Effie J. Taylor, Superintendent of Nurses of the Yale School of Nursing. The results of her investigation are summarized below.

Study No. 1

Average number of patients estimated . . 250
Nursing care per patient per day, 2½ hours.
250 × 2½ = 625 hours per day
7 days per week

4375 hours care per week for 250 patients

56 hours per week per nurse would require 78 nurses
52 hours per week per nurse would require 84 nurses
48 hours per week per nurse would require 91 nurses

78 nurses at $85 per month	$6,630
84 nurses at $85 per month	7,140
91 nurses at $85 per month	7,735

Study No. 2

Study No. 2 takes three hours as a basis of nursing care per patient per day, with the following results:

56 hour week.....	93 nurses	$7,905
52 hour week.....	100 nurses	8,500
48 hour week.....	109 nurses	9,265

These are of course graduate nurses not being withdrawn from the patients for classes or any other purpose.

Study No. 3

Suggested minimum administrative staff for a hospital of 250 patients in 13 wards:

Superintendent of nurses.....	1	$3,000
Assistant to superintendent ..	1	2,400
Supervisors ($1,800).....	2	3,600
Operating room supervisor ...	1	1,380
Operating room graduates.....	6	6,480
Head nurses ($1,080).....	13	14,040
Night supervisor.....	1	1,380
Night assistants.....	2	2,160
Night operating room nurse .	1	1,080
	28	$35,520

These studies are interesting as a basis for comparing the typical

[10] In a few schools—and the number is increasing—just such a "case" method is being employed to teach nursing.

hospital nursing service with the real nursing needs of a patient. The estimated number of hours of nursing care required per patient, however, is low, four hours being probably much more nearly what an adult patient in a public ward requires in nursing care during twenty-four hours, while for children six hours is a minimum. One nurse to one patient in a children's ward is, probably, not enough in a hospital where medical research is continuously carried out, and this is entirely independent of administration and teaching (*i. e.*, the nurses who are teaching) staff.

An estimate of the ratio of patients to nurses, both graduate and pupil, has been made at Yale on the following scale:

Patients	600
Nurses	500
Of these there are	
Pupils	300
Graduates	200

This estimate includes all members of administrative and teaching staff as well as staff nurses. On this basis a comparison with numbers at a typical hospital is rather overwhelming. There the administrative staff consists of:

Director	1
Assistants to director	2
Instructor	1
Head nurses, including night staff	16
Total	20

Study 3 was exclusive of teaching personnel and even so showed a minimum of twenty-eight officers. In a hospital with a nursing school there ought certainly to be an assistant to each head nurse provided in every ward. The worst of the situation in the typical hospital has not yet been described, for the duties imposed upon the director and her two assistants are not alone those concerned with the management of the nursing service and of the educational requirements of the pupil nurses. These women are responsible for engaging, directing, and dismissing all the servants and orderlies in the wards and in the private patient building. There are on the average twenty-four orderlies and thirty ward maids in the hospital wards and six orderlies and twelve maids in the private patient building. As the maids are paid only $35 a month if they live in the hospital and $45 if they do not, one can see what type of service theirs is likely to be and how much time is taken in managing them. Orderlies get $60 and $70 a month depending on whether they live in or out of the hospital.

At the time of my visit to one school, a new class of eighteen probationers had recently entered. All were certified high school graduates. In age they ranged from 18 to 22 years, except for two who were much older—one 27, one 38.

It would have been interesting to have information about the families and background of these girls. The state blanks do not allow for this. Of the eighteen, two came from Southern states, four from Canada, and twelve from the Eastern United States. One had been a teacher and one had worked in an office. Seen together most of them appeared intelligent (one or two definitely *did not*) and interested to become nurses, that is, interested in the idea of learning to care for patients. Watching them in one of their classes in anatomy, one gained the impression that under good educational conditions perhaps two-thirds of the group would be capable of learning and the others not, but such a judgment is of course superficial. The instructor's teaching was excellent; the girls were more alert

at the end than at the beginning of the hour.

All the more depressing, then, was it to sit through her next hour with the intermediary class composed of pupil nurses who had been in the hospital a year. It was as if that year of hard manual work had closed their minds as tangibly as shutting a door. I do not mean that the work with their hands closed the door, but that working under great pressure, with no one to help them see and interpret the condition of the patients and their nursing needs, had had an appalling effect upon them. There were twenty-four in this class, a heavy, tired group. They were to have sixteen lessons in the nursing of medical diseases—a fascinatingly interesting subject and well taught by the instructor. But I had spent considerable time in the medical wards in this study, and I felt that the student nurses were missing almost every opportunity to learn about the needs of medical patients.

The quality of private nursing, too, is suffering. A private-duty nurse lives an anomalous life as to hours, promotion, holidays, time wasted in hanging about. Her life is perhaps less organized, and her free time more irregular, than any other professional woman's. More than any other type of nursing, private duty demands the constant practice of virtues such as the patience and tact necessary to build up a vigorous, conscious coöperation on the part of the patient. Unless the private nurse succeeds in doing this the doctor's task will be much more difficult. To practice nursing in this way there should be plenty of opportunity for private nurses to "take in" refreshment for their spirits. Association with people who are not sick, diversion, mental stimulus, opportunity to grow, are more necessary to a private nurse than to almost any other type of worker one can think of.

But the present organization of private nursing makes it practically impossible for private nurses to have any of these things. In consequence the better nurses will seek, and find, in hospital teaching or administrative positions or in public health nursing, a life which is not so stultifying. Something valuable and, at its best, very beautiful is being lost because the practice of private nursing remains unorganized and therefore does not supply those four essentials to a satisfactory working life: leadership, adequate pay, promotion, and proper working hours. As other fields of women's work are studied this one of private nursing in the United States stands out unique in its need for better organization.

A private patient needs varying kinds of care. Some of this can be better given by a really good maid than by anyone else, some by an attendant, perhaps; only a specified number of hours of nursing care should be required by any given patient. We do not know what the distribution of function and time in various types of cases is. Until we do, reorganization of private duty or of floor duty in hospitals cannot be accomplished. There is urgent need for study on these points.

In the typical hospital, staff duty in the wards is shockingly inadequate. It is hardly an exaggeration to say that there is no nursing supervision of students in the wards. The students are responsible for almost all ward routine; they have practically no time to be taught the nursing needs of the patients and no one to teach them how to carry the responsibility of nursing patients if there were time for this. The time of the administrative staff is dissipated on tasks better carried

through by some one else. The staff in the administrative office of the nursing service is wholly insufficient. A study of the duties of the director's assistant seems to show that only four out of sixteen of the functions she carries out ought to belong to her at all.

1. "Covering" office and telephone.
2. Interviewing applicants in absence of directress of nurses.
3. Visiting sick nurses with and without the doctor.
4. Keeping corrected list of nurses for telephone operators, elevator operators, laundry.
5. Carrying out orders for sick nurses.
6. Keeping up supplies.
7. Arranging for classes.
8. Posting class lists.
9. Chaperoning classes and examinations.
10. Dispensing uniforms to nurses assigned to social service.
11. Checking inventory of wards at end of each month for thermometers exchanged during month.
12. Keeping filled positions for maids, orderlies and porters, and arranging for their vacations.
13. Submitting list for payroll twice a month.
14. Covering (partly) housekeeper in nurses' house in her vacation.
15. Covering (partly) instructor's work in her vacation.
16. Counting, sorting, and distributing to wards 400 blankets from the cleaners one day during the summer.

The first four functions listed seem proper to a first assistant in the school. It would not seem important to differentiate among these duties if there were any provision other than through the administrative office of the nursing service for that constant intimate relation between the students and head nurses on one hand and the director of the nursing service on the other, but there is no such provision and the lack of it is apparent in the wards. There are usually no permanent nurses in the wards except the one head nurse on each ward. No one is thinking about the nursing needs of each patient, for no time is allowed for anyone to do so. The deadening effect on the student nurse's spirit and the stultifying of her mental processes is quite apparent if one studies the incoming class and compares it with the class that has been a year in the hospital. The average hospital has less than twenty graduate nurses to two hundred or more patients and eighty-five student nurses; and there should be at least twenty-eight permanent graduates exclusive of nurse teachers and administrative staff. The salaries of the graduate nurse personnel are far below the salaries commanded by good cooks and other upper servants in private families.

Summary.—The typical so-called nursing school is not in any true sense a school, since the time spent by the student nurses in the wards is devoted to a routine so exhaustive that they have no opportunity for any consideration of the nursing needs of their patients, and even if they had, that is, even if a graduate nursing staff were employed to relieve the pressure now weighing upon the pupils, there would be no one to instruct in nursing for there are no nurse teachers or supervisors and only one instructor for eighty-five students. The head nurse, the one graduate salaried nurse in each ward, has no time to teach and furthermore is not equipped to be a teacher. The internes, an invaluable though unofficial force in teaching nurses in the past, seem to have now little interest or indeed opportunity to help the student nurses to learn about their patients. The service of the student nurses in the wards does not prepare them to be good nurses, except in so far as the routine of bed-making, dusting, carrying trays for meals, taking temperatures, giving treatments and baths, repeated many times over, in the sense of acquiring

facility in these processes, may be said to be educational. And, from the educational point of view, the effect of omitting a patient's second weekly bath because the nurse must carry out twenty-four trays, dust twelve bedside stands, or take twenty-four temperatures in twenty minutes (since if she does not do these things no one else will), is bad. And the lectures, conferences, laboratory work, and practical nursing demonstrations do not counteract the effect of hours in the wards saturated with such service as this.

The average applicant for admission to the school of nursing is, on the whole, not a very intelligent or highly educated person. She comes to be fitted, free of expense, for a life of private duty nursing, which is at present not organized so that it corresponds in hours of work, in promotion for good service, or in financial returns with other professional work for women. She is not a professional woman in background, the hospital "training" does not fit her for professional work, and the private nurse's life, into which she is apt to go, is not that of a professional woman. The routine work of the hospital is done by its group of pupil nurses at a cost probably of little less than a graduate staff would cost. But the important thing here is this—it would be a poor group of graduate nurses who would for any long period of time be willing to compose such a graduate staff. Almost all the conditions surrounding the lives of such a permanent staff would have to be changed materially to attract and hold a good type of graduate to hospital duty in ward, private patient building, operating room or elsewhere. A good school and also a good graduate nursing staff would cost much more than the hospital spends now on nursing.

The conditions described here make one wonder how it is that many hospitals continue to hold enviable reputations for giving good nursing to their patients. That they do must be largely owing to the women who have administered their nursing services.

One crying need is for a committee concerned with the nursing service to meet regularly to advise with the director. There should also be an administrative committee of the school of nursing. The plan of so-called "group nursing" with its corollary to reduce greatly the number of special nurses is worthy of study.

The report of the Committee on Grading Schools of Nursing shows an oversupply of nurses of inadequate general education. It shows that, at the present rate of increase of nursing "schools" and of graduates from these schools there will be an alarming increase even over the present supply. Further, it shows that for each public health nursing vacancy five registered nurses apply but often not one of them is equipped to fill the vacancy. In view of these facts and others equally convincing it would seem unwise, even unjustified, for a hospital to maintain a school of nursing unless this is properly organized, capable of turning out graduates useful to the situation likely to develop in the next ten or fifteen years.

Two distinct issues seem to present themselves: the nursing service and the nursing school. These ought not to be confused, nor ought they (as they now are) to be "fused."

University Schools of Nursing

EIGHTEEN schools of nursing, recently visited, each connected with a university, present a variety of plans of organization and administration, which are so at variance that it seems more profitable to try to embody them in one story than to

set down impressions of individual schools. Each of the schools recognizes that in order to educate young women in nursing there must be: (1) didactic instruction in classroom and laboratory, (2) technical training in a hospital or hospitals, and (3) a knowledge of health and of the social maladjustments that undermine it.

A university school of nursing should be an integral part of the university system, but frequently it is not accepted by the university as coördinate with other professional schools, and often it does not conform to the university standards. In some instances exceptions are made applying to tuition and preliminary education, and existing courses of study are modified to make them easier for student nurses. The dean of the medical school in one university, where there is also a school of nursing, says that a school of nursing is all too often attached to a university "much as a garage is attached to a house."

With regard to technical training in a hospital, there is great deviation among the universities visited. One university permits the students to go to any one of a number of approved hospitals for their two years of practice training, after which they return for a fifth year at the university; and a degree in nursing may be given even though the two years of technical training cannot be evaluated exactly or measured according to university requirements. While this loose connection was sanctioned for the necessary practice training, one found, at the same time, the most complete identification of the nursing group with the undergraduate body of the university. The director of the school, who was studying for the bachelor's and master's degrees while carrying on her work, had been president of the faculty club, a mark of popularity indicating the pride taken by the university in the nursing group. There is no medical school at this university, but the pre-medical courses provide excellent teachers for the nurses; and laboratories, library, and classrooms are available. The weakness of the organization of clinical experience will in time be overcome, while the organization of the school of nursing as an integral part of the university and its undergraduate life could not readily be weakened. The president of the university hopes eventually to see a building on the campus which will house the school of nursing.

Another university, which is making a beginning in nursing education by offering a few nursing courses in connection with its school of social work, is already embarked upon an undertaking to influence the early development of schools of nursing throughout the state by adding to its faculty a secretary for nursing education, who will spend much of her time in travel. One sees possibilities of a central school of nursing with a state university to control and guide it. While the status of the school of nursing within the university and its proper organization and financial basis present great difficulties, these are not nearly so serious as the readjustments necessary to raise hospital training to the standard required for the intelligent education of the student nurse. The oldest university school of nursing, that of the University of Minnesota, has completed an arrangement providing an inclusive and broad practice field in four hospitals; namely, the University Hospital, a small private hospital, the large Minneapolis General Hospital, and the Northern Pacific Hospital maintained for railroad employees. In all, 1,150 beds

are available for teaching purposes, and the whole field is directly controlled by the University School of Nursing.

Mary M. Marvin in a recent article on the teaching of nurses in the hospital wards says:

> In each school three factors—environment, personnel, and time—must be considered in order to develop this work. The environment must be conducive to teaching, that is, there should be a sufficiently active service and good working equipment. The standards need be no higher than those required of any hospital that legitimately establishes a school of nursing.
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> The personnel should consist of qualified supervisors, head nurses, and students with a good preliminary background. There must be enough help, consisting of nurses, attendants, orderlies, secretaries, or clerks to make it go. One might experiment a little in the beginning with an inadequate personnel and then one would know how to develop the plan.
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> In the last several years, because of various unintentional causes, teaching in the wards has deteriorated. On the other hand, classroom teaching has increased in amount, improved in quality, and has thoroughly justified itself. Nevertheless, classroom teaching is not a substitute for individual case or clinical study and never will be. Case study is one of the only ways of making the student see that each patient is a sick individual who has many outside connections, and it is one of the best ways of developing a nursing conscience.
>
> There are some defects in the administration of the ward at the present time which seriously stand in the way of making it the best teaching laboratory in the school, although by its very nature it possesses many elements of an ideal situation. If the people directly in charge of this part of the school were impressed with the advantages which the right kind of ward teaching would bring about in the evolution of better nurses and nursing, and furthermore, if they were guided in improving their work, there is not much doubt that they would gradually assume their new responsibilities with eagerness and interest. Good results have been obtained here and there with some good incidental ward teaching, but what great success might be obtained if all those who can, would concentrate on the proceedings taking place where the students work with their patients, the most interesting, strategic, and vital teaching center of the whole institution,—the ward![11]

Evolution of Nursing Education

IF conditions in nurse training leave much to be desired we must remember that nursing education had its beginning little more than half a century ago. Not until then was it recognized that certain preparation in addition to a "special calling to the field" was necessary to make an acceptable nurse. Of the private practice of medicine fifty years ago Dr. Abraham Flexner says:

> . . . the office of an able urban practitioner consisted of two rooms, one for waiting and the other for consultation. There was little to indicate which was which beyond the ancient tilting haircloth examining chair, the wash-basin never empty, with its pitcher never clean, the roller towel renewed at long intervals, a few simple instruments which, used for all sorts of purposes, were never boiled, two or three vials containing mercury or carbolic acid for local applications, and the mantelpiece strewn with proprietary preparations in dust-covered bottles. Urinalysis was employed—practically no other laboratory procedure.[12]

Since conditions were such at the time when we were beginning to give training in nursing, it is unreasonable to expect that a satisfactory system of education should have been evolved after the lapse of a few years.

According to M. Adelaide Nutting, Nurse training has passed through two distinct phases in its fifty odd years of existence, and is now in the third stage. *Service*, *association*, and now *education* are terms that may serve to characterize these phases.

[11] "Methods of Increasing Ward Teaching and Improving Supervision," Proceedings of the Thirty-second Annual Convention of the National League of Nursing Education (1926), pp. 105–112.

[12] "Medical Education," The Macmillan Company (New York, 1925), p. 9.

In the first period of nursing, that of service, Florence Nightingale was under the necessity of reforming many details of hospital management besides the actual bedside care of the patient. Ideas with regard to food, linen, supplies, and household service had to be completely reorganized, and if these things were to receive proper attention the nurses would have to take over the responsibility. It followed that manual service became incorporated in the nurse's training everywhere; she scoured and scrubbed, not because Florence Nightingale believed such tasks essential to her training, but because, in the beginning, it was necessary to ask nurses to do them in order to get them done at all.

This early necessity has produced a baffling situation, for everywhere, throughout the succeeding fifty years, students of schools of nursing have formed the chief labor supply in the hospitals to which the schools are attached.

During the period of association, covering approximately twenty years, the entire nursing profession was organized and its efforts directed, in the main, towards the improvement of nurse training. It is quite recently that we have passed into the third stage of development, in which education in nursing has come to be considered from the same standpoint as education in other fields. We enter upon this third phase with urgent responsibilities and insistent demands pressing us forward. [13]

Dean Goodrich of the Yale School of Nursing has pointed out that all of the nursing schools in a given community must of necessity work for a common end in at least three essential particulars: (1) needs of the field content of education, (2) sources from which to draw nurses, and (3) machinery to provide education.[14] The readjustments necessary to make the hospitals the laboratories of the schools of nursing and no longer the institutions which the schools of nursing serve are, in the main, no different from the readjustments being sought by schools and colleges on one hand and business at large on the other.

We have made some progress in our schools of nursing during the past ten years, but perhaps it has been chiefly in the direction of bringing to light the difficulties inherent in our present practice of nursing, rather than in any conclusive reform in the standards of nurse education. Not the least of these difficulties is a financial one. A recent report [15] on the cost of nursing education points out that separate budgetary systems for schools of nursing should be adopted throughout the country in order to do justice to hospitals maintaining proper standards in their schools of nursing to free them from the charge, so frequently brought, of exploitation of student nurses, and to enable hospital authorities to make application for a separate and extra proportion of funds assigned them through community chests, federations, and so forth, to be devoted to the exclusive use of the school of nursing. Furthermore, without separate budgets for the school of nursing one cannot bring clearly before the public the need for greater financial support and assistance to house and educate pupil nurses properly.

[13] Adelaide M. Nutting, "A Sound Economic Basis for Schools of Nursing," Putnams (1926), p. 291.

[14] A. W. Goodrich, "A Plan for Centralizing Schools of Nursing," the *American Journal of Nursing* (1922), p. 548.

[15] "Cost of Educating a Nurse," Sister Mary Ambrosia, *Hospital Progress*, July, 1927, p. 267.

Fitting Preventive Nursing into the Nursing School Curriculum [16]

IN all of the schools visited except that at Yale University there was uneasiness and uncertainty with regard to practical methods of introducing preventive nursing into the already overcrowded curriculum. In several schools a course in public health nursing exists side by side with the school of nursing, but not as an integral part of it. Indeed, it is sometimes in another department of the university.

The school of nursing is perhaps in the college of liberal arts and the course in public health nursing in the school of social work. Under such conditions the department in which the public health course is placed has no influence upon the technical training of the student nurse. Quite unlike all the other university schools of nursing in this respect is the school at Yale, which is testing a plan combining bedside and public health training in one curriculum. Its aim is to develop a program of education which will make as important a contribution to the field of preventive medicine as did the earlier school of nursing to curative medicine.

The curriculum of the Yale School covers a period of twenty-eight months, the equivalent of three college years.[17] What is known as the "case method" of teaching is employed throughout the course.

The patient is the unit about which all thought centers, and the gathering of data connected with the patient calls the attention of the student to the patient as a member of the community and a member of a family with responsibilities to himself and to others which must be taken into account in his present, and what may ultimately become his future, condition.

Cases are assigned to students throughout the school in accordance with the following general plan:

The head nurse makes for the staff of her ward a program for clinical work for the week. All of the patients in the ward are divided into groups. Each student is assigned the care of one group and the relief care of a second group. In making out her schedule for the week, the head nurse alternates the time of each two students, so that one is on duty when the other is off. The clinical experience program is posted in the ward, so that any student can tell at a glance the group of patients for which she is responsible. She knows she will care for this same group until she and the head nurse feel that she has acquired the experience which these particular patients offer

The student is asked to study each patient in her group and to make a plan for his nursing care. This plan, briefly outlined on a card, is submitted to the head nurse for suggestions and approval before being put into effect. It is attached to the patient's chart and is a guide to the care any patient is getting at any time, which may be conveniently followed.

One such plan made out by a student nurse took into account the fact that an arthritic patient who was unable to feed herself took so little interest in her food that it was hard to give her enough nourishment, also that she was very fond of listening to reading aloud. Another patient was

[16] For full information on public health nursing courses in the United States, see *Public Health Nursing*, by M. S. Gardner, The Macmillan Company (New York, 1924), pp. 58–69.

[17] The plan of organization of the Yale University School of Nursing is well described by Effie J. Taylor, "Teaching Nursing by the Application of the Case Study Method," appearing in the *Bulletin of the International Council of Nursing*, January, 1927.

enlisted to read to her while she was being fed by the student nurse, a plan which proved successful.

Each ward service is followed by two weeks of observation and assistance in the out-patient department where social case study is made as important a part of the required routine as is the technical nursing connected with various clinics.

Through the Visiting Nurse Association and other health and welfare groups the case experience of the students includes, so far as possible, the follow-up work in the home. Thus the professional training of the student in the actual care of the sick is strengthened by a knowledge of the underlying theory in regard to disease and also of the social, psychological, and hygienic aspects of the case.

If one were to set down the time, day by day or hour by hour, devoted in the Yale School to preventive nursing, it would amount to a considerable period out of the twenty-eight months' course. The public health nurse, having had a basic education organized on such a plan, should be equipped with that open mind which ensures a continuous process of growth and development. Further experience she must certainly have but this she will seek and acquire.

Women who have completed two years of college are eligible for admission to the Yale School. The degree of Bachelor of Nursing may be awarded at the completion of the twenty-eight months. It is estimated that the aggregate cost to a student for the twenty-eight months' course leading to the bachelor's degree will not exceed $500. Since the opening of the school thirty-six nurses have successfully completed the course. The degree of Bachelor of Nursing has been conferred upon twenty-five and eleven have received diplomas qualifying them for practice as nurses. In general, one would say that there is an "atmosphere of thought" in the education of nurses at Yale such as is found in no other nursing school. The case method of teaching, absorbingly interesting as every student testifies, produces an attitude of mind unusual in the average student nurse. The Yale nurses seem to feel more interest in the comfort of the patient; and to an observer this seems to be because time is allowed for the individual study of the patient as a human being, who is, perhaps, not only physically ill at ease but anxious or preoccupied with responsibilities and concerns abruptly broken in upon by illness. To understand the great significance of this enlarged attitude of mind, one must study the Yale School at close range. Young women of the present day who are choosing a profession will, one is convinced, be drawn to nursing and will pay for such education as is offered there, when once its method of teaching becomes generally known. In the group of student nurses at Yale one finds all that ardent young enthusiasm which women have always shown when the nursing appeal has been unclouded by confusing issues. Through utilizing all community resources for the care of the sick and the prevention of disease, and through correlating this essential field work with class work on a level with other professional education we should approach a preparation for public health nursing which would be greatly superior to any of the existing postgraduate courses now superimposed upon the usual nursing course.

An observer is impressed with the possibilities of an immediate reorganization of the out-patient social service departments of hospitals to

the end that student nurses may be taught prevention in accordance with the Yale plan. More than $65,000 is being spent by one social service department visited, chiefly for salaries of well-qualified social workers. It is interesting to speculate how far an adaptation of the Yale method might utilize the student nurses to the mutual advantage of hospital and student. With the great diversity of organization it seems evident that each school must adapt its methods of teaching prevention to its own conditions and, with this in mind, the writer has wondered whether it would be profitable for certain leaders and teachers to have opportunity for observation and study at Yale or at other schools where specific methods may have been worked out most successfully.

At the University of Toronto a new course [18] in public health nursing was opened in 1926. It is of four years' duration and is designed, from the first year to the last, to fit the student for public health nursing and for that one field alone. The entrance requirements are complete university pass matriculation, with honor matriculation in at least two subjects, one of which shall be English. No degree is given for the completion of this course.

Conclusions on Nursing Education

THE outlook in nursing education is promising. Leaders in this field are trying to determine to what degree student nurses are being educated while on duty in the various hospital services. The College of Nursing in England, the National League of Nursing Education and the National Organization for Public Health Nursing in the United States, the Canadian Nurses' Association, many nursing organizations in other lands, the International Council of Nurses at Geneva, all are uniting to bring about more intelligent training for the nurses of this generation so that they may be better fitted to meet the needs of a new day. The opportunity to develop a public health and social point of view in ward work is excellent. The opportunity to correlate theory and practice in ward teaching is unique, and in some hospital services there is good opportunity to tie up the ward work with that of the out-patient department, but, the interpretation of the objectives in nursing is often too narrow, and the whole growth of the student is sacrificed to the development of a few abilities which are convenient in doing up the hospital work.[19]

The Evolution of a "Ragged School"

A "RAGGED SCHOOL" for a dozen neglected children, which was established 75 years ago, in Cleveland, Ohio, was later turned into an industrial school, then into an orphan asylum, and still later into a center for placing children in foster homes. Following still further the progress of standards in child care, this child-placing center has evolved into a child-study center which includes a receiving home, a child-guidance clinic for the study and treatment of the mental health of the children received, a dental clinic, and a medical clinic for their physical examination, care, and treatment.—Weekly Notes on Child Welfare Topics. Compiled by the U. S. Children's Bureau.

[18] "Course in Public Health Nursing," in *The Canadian Nurse*, November, 1926 (Winnipeg), Vol. XXII, No. 11, pp. 585, 586.

[19] M. M. Marvin, "Methods of Increasing Ward Teaching and Improving Supervision," Proceedings of the Thirty-second Annual Convention of the National League of Nursing Education (1926).

Department of Red Cross Nursing

DEPARTMENT EDITOR: CLARA D. NOYES, DIRECTOR NURSING SERVICE, AMERICAN RED CROSS

Central Committee of American Red Cross Expresses Appreciation for Work of Local Committees

AN occasional Red Cross Nurse has been heard to say that it was but infrequently that credit was given for services which have been given to the organization by individual members of its enrollment. This may seem to be the case for the nurse is but one of many serving under its emblem at the time of a great disaster. Doctors, social workers, engineers, general relief and clerical workers, as well as artisans of all types, make up a relief staff. The work is viewed collectively rather than individually, and may cover many weeks, even months. For example—the last of the workers in the Porto Rican Disaster left the middle of March. The operation, therefore, becomes an old story and by the time final reports are all in, while not forgotten the nurse and her contribution as an individual are accepted as a matter of course and become part of the whole. As a matter of fact the nurse and her work are greatly appreciated, and statements to this effect from managers and others are continuous. The members of our Local Committees on Red Cross Nursing Service who serve so faithfully, but much less dramatically, are also entitled to receive the full measure of credit and gratitude for the important work they perform.

Consequently, the following resolution proposed by Mrs. August Belmont, a member of the Central Committee of the American Red Cross, and passed by that body at a meeting December 12, 1928, expresses in a measure the appreciation of the American National Red Cross:

> Voted: That the Central Committee hereby expresses its sincere appreciation for the indispensable services of the state and local nursing committees which through so many years and so faithfully, have aided the national nursing service of the Red Cross in the conduct of its nursing work.

Annullment of Nurse's Contract No Bar to Hospitalization

THE following decision, rendered by the Director of the Veterans' Bureau, may be of interest to those nurses who have been uncertain regarding their eligibility to hospitalization because their contracts were annulled:

> Decision 413 of Director of Veterans' Bureau advises that if the contract of a nurse serving between April 21, 1898, and February 2, 1901, was terminated by "annullment," this does not bar claimant from rights to hospitalization under Section 202 (10) World War Veterans Act, provided her services under the contract are considered to be honorable.
>
> The procedure in effect at that time was to terminate such contracts by "annullment" and the fact that the word was used does not indicate that her services were in any way unsatisfactory. (H. B. par 1301a.)

Home Defense Enrollment

THERE are three types of enrollment in the American Red Cross Nursing Service.

A. The General. This includes those nurses who have met all the requirements for enrollment and who are eligible for service with the Army

and Navy, as well as for service with the Red Cross.

B. The Home Defense. This we regard as a very important and dignified type of enrollment. It was created during the World War in order to give those nurses who met all our professional and educational requirements an opportunity to serve, but who were otherwise not eligible, to enter service in the Army or Navy Nurse Corps through Red Cross enrollment. This enrollment provides for those who are married, who are past the age limit for enrollment (forty-five), or who have physical disabilities such as deafness, flat feet, defects of vision and other ailments which do not prevent their following their profession but render them ineligible for assignment to active duty with the Military establishment.

A. R. C. 703, a pamphlet containing information for nurses desiring to enroll makes the following statement regarding this type of enrollment:

> The Red Cross instituted the Home Defense Enrollment because it believes that the skill and experience of every woman who has had a nurse's training should be made available to the Nation in some direct way. Nurses enrolling under this branch may have opportunities to render valuable service in institutional work and all forms of visiting and instructive nursing in local disasters and emergencies, and as instructors of the course in Home Hygiene and Care of the Sick. Those who can give part or all their time to such work are urged to enroll with the Red Cross.

Nurses, therefore, not eligible for general enrollment because of the reasons indicated above, are urged to become members of this group. Nurses who do not meet the requirements as far as preliminary and professional education is concerned and who are not citizens or who have not registered in the state are not eligible for this type of enrollment. Annual membership in the Red Cross is also a prerequisite, for it must be remembered that Home Defense nurses work in the home field and in close coöperation with our Chapters. Consequently, an individual not sufficiently interested in enrolling in the annual membership Roll Call would hardly be regarded as eligible for an assignment. The members of this enrollment have performed conspicuous service, particularly during the period of the World War and since, and include in their number Instructors in the Red Cross Course Home Hygiene and Care of the Sick, Red Cross Public Health nurses and those who have rendered service in local disasters. Many of them have served on Chapter Committees which make for a closer relationship between the Chapter and the Red Cross Nursing Service. While in service, a Home Defense nurse may wear the Red Cross uniform and when she is enrolled, she receives a special badge which has been designed for members of this group.

Occasionally nurses object to this enrollment for they seem to feel that it has not the same prestige as the general enrollment. As far as its relation to the Army and Navy is concerned this may be true, but as far as the Red Cross is concerned it is a most honorable and useful type of enrollment.

We take this means of notifying those nurses who have enrolled in this group of telling them how much we appreciate their service and how valuable it has been to this great organization—the American Red Cross, "an organization upon whose good work" to quote Mr. Jusserand, recent Minister from France, "the sun never sets."

C. Special Enrollment is gradually falling into disuse. It was created

to provide for those nurses who were not eligible for the General or the Home Defense group, but nevertheless were required for service in Red Cross Chapters as Public Health nurses or Instructors of Classes in Home Hygiene and Care of the Sick. It is only granted upon the request of the National Directors of Red Cross Public Health Nursing and of Instruction in Classes in Home Hygiene and Care of the Sick, or their representatives in the Branch Offices. It gives the nurse, while on duty, the status of the regularly enrolled Red Cross nurse, with the exception that she is not issued a badge or appointment card and is not privileged to wear the Red Cross cape. At the termination of her service under the Red Cross, her Special Enrollment automatically ceases. With the increase in supply of properly qualified public health nurses and the better understanding on the part of chapter people of the type of nurse that is needed for public health work this type of enrollment which has never been popular, but which has served its purpose, is automatically eliminating itself.

The American Nurses' Memorial

ALL members of Local Committees on American Red Cross Nursing Service, through a special letter from the National Chairman, have been urged to support their State, district and alumnae associations in helping to complete their quotas for the American Nurses' Memorial School. All of the 293 nurses who died "in line of duty" were enrolled in the Red Cross Nursing Service, consequently all Red Cross nurses should be particularly interested in the effort now being made to complete this unfinished memorial to their sister nurses. The Committee reports over $5,000 now in hand at 370 Seventh Avenue, New York City, headquarters of the American Nurses' Association. Red Cross nurses, wherever you may be located, will you not "get behind" this movement and help complete the fund as promptly as possible?

Enrollments Annulled

THE enrollments of the following American Red Cross nurses have been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters, and their return is requested when enrollment is annulled: Mrs. R. C. Breed, née Erna Theodora Zealand; Gertrude Mehitabel Brunges; Mary Frances Burke; Victoria Gertrude Chambers; Mrs. Frank V. Davis, née Susan E. Roller; Vera Deming; Ellen Ethel Drisko; Mrs. Ruth J. Farmer, née Roberts; Mrs. Jack Fletcher, née Ruth Olive Barker; Sarah Mildred Freeman; Louise Magdelene Holtkamp; Mrs. John F. Kelley, née Louise Siegman; Mrs. William Kosek, née Marie Nowakowski; Florence Valerie Liljeros; Jennie Vienna McClure; Jane E. Manning; Madilene Crosby Mason; Gertrude Francis Montague; Mrs. A. B. Montgomery, née Mabel Adelaide Dershem; Mrs. Mary K. Moore; Mrs. Helen Martha Murphy, née Myers; Blanche Isabelle Nolan; Mrs. Edgar Northcutt, née Hariet M. Strutz; Ottie Irene Park; Elizabeth A. Quinn; Gertrude Laurentia Baker; Ann R. Beyler; Pauline Marie Faust; Mrs. J. M. Hart, née Catherine Marie McManus; Catherine Rita Harty; Edith Southam; Ollie Velma Spell; Mrs. G. E. Spooner, née Bertha Helen Denning; Mrs. Edith Pearl Stard, née Burton; Addie Lenore Steuart; Ora Hattie Summers; Mary Ellen Sweeney; Mrs. T. V. Thomas, née Irene Gertrude Concklin; Mrs. F. M. Thomas, née Willie Mae Adams; Elvina Brinton Tomlinson; Lula Mai Tucker; Mrs. Aagot Madeline Twitty, née Arnetz; Jeannette C. Waggener; Mrs. S. N. Weil, née Helen Lucille Harper; Martha Belle Whichard; Lillian Willsha; Leatha Wingett; Katharine Fuller Woodward; Mrs. Ethel Mattie Zastera, née Cardwell.

Questions

What are some of the important problems confronting the nursing profession at the present time?

Answer.—The studies of the Committee on Grading Schools of Nursing, published in "Nurses, Patients and Pocketbooks," indicate that the *selection of students*, involving a general raising of entrance requirements, the limitation of the number of nurses graduated each year, and the distribution of graduate nursing service, constitute problems of major importance.

The question of selection of students was presented in the *Journal* for September, 1928. See Education and Intelligence, page 910.

The question of limitation was discussed in November, 1928, see page 1122.

The matter of distribution was discussed December, 1928, and is graphically presented in the March issue.

How are rates for private duty nursing service regulated?

Answer.—Usually by the District Associations, which constitute the State Associations of which the American Nurses' Association is composed. Information should be secured from the official registries.

If a physician writes the following order, signing his name thereto,

Morphine gr. 1/75
Eserine gr. ¼

and the nurse fills the order without question, would only the nurse be responsible for the condition of the patient? The doctor in the case I have in mind claims this is so, although the nurse did question the order and have it corrected.

Answer.—The question at issue is one to be determined upon the basis of law, rather than that of ethics. The laws in several states with regard to the responsibility resting on licensed physicians are quite explicit, and it would be possible to secure definite information concerning the laws of the state where this particular case occurred. A medical authority whom we consulted replies: "In so far as I am advised, the responsibility of the physician who writes a prescription for the use of a patient under his care is in no wise lessened through any action of a nurse who may be called on to administer the medicine compounded under the physician's prescription."

Will you tell me whose duty it is to hire the nurses in a hospital? What are the duties of an assistant superintendent? May the superintendent go off duty at any time and not state her hours?

Answer.—As for engaging nurses, unless the superintendent of nurses has such authority, she cannot be held responsible for her staff, for their good work, or for their conduct. The superintendent of the hospital often thinks she should engage and dismiss nurses, but unless the superintendent of nurses at least recommends them for appointment and none are engaged without her recommendation, the nursing service can never be fully satisfactory.

2. The duties of an assistant superintendent (of the hospital or of nurses?) must naturally be adapted to the particular situation in which she finds herself. Duties will probably be determined in consultation with the superintendent, dependent on the work to be done, and should be clearly defined. It would be difficult to determine anything definite without a knowledge of the conditions of work in the special hospital.

3. The hours a superintendent may spend out of her office cannot be fixed arbitrarily, as many hospital boards rightly expect the superintendent of the hospital and the superintendent of nurses to be active in civic affairs, particularly those related to the health of the community. No efficient and conscientious superintendent would go off duty for any purpose without informing "the next in command" of the probable duration of her absence.

Student Nurses' Page

The "Journal" Party

FAITH HOUGHTBY
Lutheran Hospital, Fort Wayne, Indiana

Dear Jane:

Well, it's all over now and of course you know what "it" is? Our *Journal* party. Remember? I said we were having a *Journal* party soon. It "went over big," even though the committee of six Seniors did lose sleep over it for a week before. Everybody came and you never saw so many green frocks in all your life; every nurse wore one. I never knew so many existed in one locality before. They were all excited and a little bit frightened, I think, because they did not quite know what to expect. We took them all down to the classroom, equipped with a pencil and a printed program. The latter were the cutest things, all in green, just like the *American Journal of Nursing*. Then we started in. I didn't go into detail before, did I?

Well, the first contest was advertising. There were a lot of catch and funny things in it. All advertisements were taken from the December *Journal*, and everybody was laughing when she finished. Next came the Directory contest. You couldn't stump them, they know who the president of everything is! After that we had the nursing contest and that was hard! But you'd be surprised, they knew that December *Journal* from cover to cover. Next in order was the Crossword Puzzle. It was fun, and I know I'll never forget that a substance resembling pus is pyoids. Did you know that? I didn't! After that we had a *Journal* Jumbled Type contest. It was funny, too. All the words were mixed so that they looked like Greek to us, but almost all guessed them right. I never knew we had so many intelligent people. When we first handed out the contests, some of the Freshmen looked so beseechingly anxious, I felt sorry for them; but I needn't have; all my pity was wasted, because they didn't need it.

Then we all went to the parlors and reception hall. Oh! I wish you might have seen those tables. They were perfectly dear, and so cozy, only four at a table. They were lighted by pale green candles in crystal holders, with little green plaid luncheon cloths, real "Scotchy" ones, underneath, and white and green paper napkins were tied in a little roll with green ribbon. And the "eats!" Green and white ice cream, cake with green and white frosting, olives, pickles and sandwiches with some delicious concoction that was green, and good, too, for a filling, then coffee and green and white after-dinner mints. All the while we were eating, the committee and some volunteers were madly correcting contest papers, to determine who should get the prizes.

Oh, I'm so glad I'm a nurse and not a school teacher! And the Prizes! (Notice I spelled that with a capital.) They were furnished by the faculty and they were just all right. Our Principal gave two *Journal* subscriptions. All prizes were green in color, green stationery, green bottles of perfume, green bath powder, green handkerchiefs, calendar, set of salad plates, and then the *Journal* subscriptions, and—guess what the boobies were? Green Palm Olive soap! We had two guests, the president of the first district, and the registrar from the directory, who is the *Journal* agent. There were guest prizes, too, for them. Some clever posters had been made, so the two guests judged them, and of course they received green prizes, too. All the prizes were wrapped in green paper, tied with green ribbon. They looked, not Christmasy, but *Journal*-istic!

The editors of the *American Journal of Nursing* and the field secretary had been invited, but to our regret they were not present, but they sent letters, written on green paper, to our principal. They were read and you should have heard the applause! Not long ago you were wishing for a party that was different, why don't you try this? Anybody can do it and it's most educational, besides the fun you get out of it. Just try and see, but be sure and tell me all about it.

Yours,
FAITH HOUGHTBY.

Nursing Contest

(One of the contests at the *Journal* party. All questions were based on articles in the December *Journal*.)

1. Who is the author of the article on "Control of Impetigo?"
2. What is one cause for decrease in death-rate of infants from respiratory diseases?
3. Is it necessary to remove infants infected with impetigo from the nursery?
4. What causes a large percentage of infant deaths during first week of life?
5. For what is ammoniated mercury ointment sometimes used?
6. Is an industrial nurse an asset or a detriment to the firm for which she works?
7. What is the main treatment for intracranial hemorrhage in infants?
8. Which country has the largest midwifery system?
9. Why is it harmful to make numerous vaginal examinations in an obstetrical case?
10. Who told the Christmas story at the Children's Hospital in Cincinnati?
11. What should a nurse watch for after a plastic surgical operation?
12. Is it necessary to wear a dressing over a normal vaccination?
13. Who furnishes the money in the Nurses' Relief Fund?
14. Who's picture is on the Who's Who page in the December *Journal*?
15. Why should nurses take postgraduate courses?
16. What is the rational cure for stuttering?
17. Where was the infection of typhoid fever in Olean, New York, traced to?
18. How can we help reduce tuberculosis?
19. How did the students dress in the Christmas story told on the Student Nurses' Page?
20. At what notable recent disaster did the Red Cross lend aid in the South?
21. What is the title of the book written by Alice Campbell which has a nurse heroine?
22. Why is lumbar puncture indicated in intracranial hemorrhage?
23. Is the infant mortality rate high or low in England?
24. Which field of nursing is rapidly developed, according to Helen Fowler?
25. Which diagnosis is mostly found in beneficiaries of the Nurses' Relief Fund?
26. What gift is to be completed by the A. N. A.?

DO YOU READ THE *American Journal of Nursing*?

Abstracts

C. R. Hervey, M.D.: A Series of Typhoid Fever Cases Infected per Rectum. (*American Journal of Public Health*, February, 1929.)

DURING January and February, 1928, thirteen cases of typhoid fever occurred in a group of surgical patients in a general hospital of 118 beds. Transmission of the disease is attributed to the practice of using the same Harris drip apparatus, interchangeably, between patients without sterilization. The Harris drip apparatus consists of a container for fluid, and a rubber rectal tube. Unlike the Murphy drip, the Harris drip container is placed at the side of the patient at the level of the abdomen, and the fluid allowed to flow under very low pressure. As there are no check valves, the containers are subject to gross contamination when a reverse flow occurs during vomiting, straining, or the advance of gas or feces in the bowel. At the time of the outbreak, it had been the procedure to sterilize the tubing, but the containers were rinsed in tap water only.

Summary and Conclusion

Thirteen cases of typhoid fever occurring in a hospital of 118 beds were all among a group of twenty surgical patients, to each of whom a rectal drip had been administered.

Gross pollution of drip apparatus occurred regularly when in use.

After use, the containers were rinsed but not sterilized.

Other routes of infection have been excluded beyond reasonable doubt.

Case I, developed typhoid on the fourteenth day after admission to the hospital and it is not unreasonable to postulate that he was infected before admission. No other sources of infection were found on laboratory examinations of the excreta and blood of other patients, attendants, etc.

In the instance of Case II, an apparatus known to have been taken directly from Case 5, was used, and typhoid developed eight days later.

A hypothetical sequence in the exchange of apparatus, compatible with known facts, has been shown, which would account for the entire epidemic.

W. W. Scott, M.D., J. H. Hill, M.S., and M. G. Ellis, A.B.: Action of Mercurochrome and Tincture of Iodine in Skin Disinfection. (*Journal of the American Medical Association*, January 12, 1929.)

IN view of the comparative study that has been made, the criteria of a satisfactory skin disinfectant may be cited. They include efficient bactericidal action within the time allowable in preoperative preparation, this being correlated with a sufficient quickness in drying so as not to cause delay; the ability to penetrate the skin débris, which necessitates the presence of a fat solvent; failure to irritate excessively the tissue on which it is used, and, lastly, a sufficient color index and durability of staining to outline the operative field clearly. Moreover, it is desirable that the drug should not cause precipitation when mixed with blood, because it is at times necessary to carry some of it into the operative wound.

We believe that the aqueous alcohol-acetone 2 per cent solution of mercurochrome more fully meets these criteria than the 3.5 or 7 per cent tincture of iodine. The mercurochrome solution, in fact, seems to meet all these requirements. The iodine solutions, on the other hand, especially the 7 per cent tincture, although sufficiently bactericidal, leave, when removed by alcohol, a poorly defined operative field. They frequently irritate the skin, and in cases of iodine idiosyncrasy may even prepare the field for secondary infection. The use of 7 per cent tincture of iodine on the delicate epidermal covering of the external genitalia cannot be considered. The precipitation occurring when these iodine tinctures are mixed with blood not only makes their use in wounds of doubtful germicidal value but renders their use unsuitable in wounds in which the mercurochrome preparation may be used with impunity, as is done in this clinic as a final procedure before closure.

Summary

1. Methods of testing skin disinfection have been studied, with emphasis on the necessity of distinguishing between bactericidal and bacteriostatic action.

2. It has been shown that there are extreme experimental conditions under which neither

the 7 per cent tincture of iodine nor the alcohol-acetone-aqueous 2 per cent solution of mercurochrome will sterilize.

3. We reiterate our previous statement that the aqueous 2 per cent solution of mercurochrome is not efficient as a disinfectant for the unbroken skin, but we do not believe that comparisons can be made fairly between it and preparations containing fat solvents.

4. It has been shown that the 7 per cent tincture of iodine and the alcohol-acetone-aqueous 2 per cent solution of mercurochrome are equally effective in the sterilization of uncleansed human skin, a comparative study of the action of these drugs giving results which differ only within the limits of experimental variation.

Alexander Lambert, M.D.: Narcosan for Drug Addiction. (*Journal of the American Medical Association*, January 12, 1929).

SINCE May, 1928, a study of drug addiction has been going on at Bellevue Hospital, in which a special ward of seventeen beds was turned over to the committee and no visitors were allowed admittance. The drug addictions here dealt with were those of morphine and heroin.

The Narcosan treatment was given to sixty-eight patients. Narcosan was administered in the following manner: The contents of one ampule was injected every four hours for the first twenty-four hours and every six hours for the following seventy-two hours. The injection itself produced a local burning sensation to which practically all the patients objected.

The results were clear-cut. In the Narcosan-treated group there were noted a greater occurrence and intensity of all the symptoms mentioned. Taking an average of the sixty-eight Narcosan-treated cases, and comparing this with the average of the control cases, there was found in the former a more marked restlessness and muscular twitching, and particularly a greater intensity in the gastrointestinal symptoms, vomiting, diarrhea and cramps, and in general prostration. In short, the symptoms occurring in patients receiving Narcosan were more severe than in those not receiving Narcosan. Further, in regard to recuperation after the withdrawal period, the Narcosan-treated patients did not show any advantage over the controls.

The statement has been made that the administration of morphine to a patient undergoing Narcosan treatment is a dangerous procedure and may even result in death. This statement is incorrect because, in a number of instances, Narcosan-treated patients were given morphine on account of an alarming prostration that occurred; the relief was immediate and no harmful effects of any sort could be detected. The results reported here show clearly that Narcosan has no merit as a specific treatment of drug addiction.

Lloyd H. Ziegler, M.D.: Pain from a Psychiatric Standpoint. (Proceedings of the Staff Meetings of the Mayo Clinic, February 6, 1929.)

THE following general principles summarize some of my experiences with pain from a psychiatric standpoint:

1. Pain is a subjective discomfort, either physical or psychic, that can be expressed in many forms of language.

2. The kind of person having the pain, the circumstances of its origin, and the examining physician's concept of pain enter into the understanding of it.

3. Pain is not pathognomonic of any psychiatric disorder but, as a problem, probably arises more frequently in depressive and anxiety states, psychoneurosis, psychopathic drug addiction, and delirium or toxic psychosis.

4. Psychopathic patients are subject to the same organic diseases as are other persons.

5. A patient with pain due to an organic lesion may over-react or under-react to the lesion or may otherwise conceal or distort the pain syndrome by the psychiatric syndrome. For this reason, lesions of psychopathic patients are often undiagnosed.

6. Psychiatric patients may behave as if in pain when not having pain due to an organic lesion. Erroneous conclusions may lead to useless medical and surgical treatment.

7. In profound distress, such as depression and anxiety states, the patient may focus most of his distress in some particular part of the body. Altered physiology and metabolism may, as our knowledge advances, help to explain some of these pains.

8. Psychoneurotic persons explain some of their failure to work, and succeed, by illness and pain, the cause of which must be explained in some way other than by pathologic change of tissues.

9. Many drug addicts are psychopathic persons who maintain that pain necessitates the use of drugs for relief.

10. Delirious patients may appear to have much more or less pain than they had before becoming delirious.

11. So far as possible the psychiatric patient himself, rather than his relatives, should be the source of any inquiry regarding his pain.

12. Pain due to a lesion of the nervous system is among the simplest and most elemental forms of human distress.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words; anonymous letters are not considered

Heartless Nurses?

AN article entitled "Heartless Nurses" in the February Forum, makes us want to tell our experience. We have been a patient in the Pennsylvania State Sanatorium at Cresson for three years. There are about 740 patients here in all stages of tuberculosis. The institution is in charge of a Medical Director who looks after the medical and executive end. The head nurse has charge of the nursing, orderlies, kitchen, cleaning, and serving of more than 2,200 meals daily, 432 of which are served from trucks at the bedside. All of this is done with constantly changing, convalescent-patient help and calls for some real executive ability. It is accomplished with thoroughness and dispatch. With all this routine, the individual patient and his welfare are not overlooked. We were in the nurses' office one day and saw this notice bulletined:

"To Nurses: Mr. Stevens, Room 29, frequently requests chicken broth, served cold. You will find a bowl of broth in the refrigerator any time he asks for it."

This is only one of many instances, as the policy of the management is that the sick are always right, and even their whims are to be humored. The head nurse seems to be on duty eight hours—twice a day. Only one whose heart is in her work could accomplish so much in such an economical manner. A State-operated, non-pay institution is not where one would expect to find such devotion to duty.

R. M. S.

Pennsylvania.

Another Office Nurse

MANY people think that when a nurse takes up this line of work she is stepping out of the field of nursing, that the work consists chiefly of answering telephone calls and making appointments, or cleaning the doctor's instruments and other little minor details, that it isn't necessary to know very much about anything in particular. I am often amused when some one, with little or no experience in this work, makes the remark that she would like to be a doctor's office assistant. It is true that the Committee on Grading Schools for Nursing has no classification that covers the office nurse, and yet I know of no other branch of nursing where a knowledge of so many different things is expected. In the first place, she must have tact, the ability to meet the public and adapt herself to the many different circumstances which present themselves. She must be ready at all times, with an intelligent answer to all kinds of questions, necessary or unnecessary. The physician who employs the nurse expects her to have a certain amount of laboratory knowledge, so that she is qualified to do the urinalyses, both chemical and microscopic. She must be competent to take care of emergencies in the absence of the physician, and here again tact is needed; if she has succeeded in gaining the confidence of his patients, they would much prefer that she take care of them, for the time being, than go to a strange doctor. The office nurse should have a knowledge of administering anesthetics, if her employer does surgery. If she has never had that training he will usually teach her; he prefers to have her do this work rather than call another physician; in any event this experience is well worth having. The office nurse, to be of real assistance to the physician, must be quick to observe and recognize symptoms.

In taking patients' histories she must get the important factors, those which are a help to the physician in making his diagnosis.

If there is no secretary, it is well for the nurse to prepare herself with a knowledge of shorthand and typewriting; if the physician is a very busy one, it is almost imperative that she do this because there is a great deal of correspondence such as reports to other physicians, lawyers, and letters to patients.

There are many other duties; summed up, I think more is expected of the office nurse than one in any other branch of nursing, yet we have no classification. I feel certain, though, that this work is becoming more and more a necessity; in other words the office nurse has come to stay.

F. MARIE BAUCKMAN, R.N.

Massachusetts.

At a Girl Scout Camp

THE Girl Scout Director invited me to act as nurse, for six weeks, at Camp Gertrude Coleman, an ideal spot, surrounded on three sides by wooded hills and with the little Cababa River on the other. An early swim starts the day, then "Colors," with the beautiful flag floated in the breezes and the renewal of the promise of allegiance. Next I examined all the tongues, eyes, jerks, etc., and then came breakfast. Afterward the children work in troops of eight and have their little duties—some clean lanterns, others pick up and tidy camp, still others help prepare vegetables or pump water. At 8.30 a. m. I had successive troops in a class in First Aid under the greenwood tree. In the evening the children would make up a little play, bringing out what we had studied in the morning. Then came a clinic hour, when any bites, stings, etc., were attended to; at 10 a. m. milk for underweight children. (They were all weighed once a week and any very much underweight were sent to rest for one-half hour in the morning.) Swimming at 11 a. m. was optional. Following noon-day dinner and one and a half hours' rest, there was swimming for learners and life-saving classes for those who could swim. Besides this we had classes in Nature and Crafts. Each day one troop went for a hike, and cooked their meal out of doors. The nurse could join with any group at will. Supper at 5.30 p. m. was followed by Court of Honor. This consisted of the directors of the different studies, the troop leader, and the scribe. The children gain ribbons for promptness and thoroughness, a different color for each "kaper" or task. The children do their own judging and the troop that has the most ribbons has a banquet Sunday evening. Last, and best to my mind comes campfire. We sit in a ring round the campfire, singing all the Scout songs and rounds, telling stories and acting stories, either made up by the children themselves or from nature books. Then Taps, and to bed, tired and happy. If we wish we can take our cots or blankets out of doors and sleep under the stars.

JANE M. HOLBROW, R.N.

Alabama.

African Christian Nurse Receives Government Medal

THE native staff at the Central Hospital at Elat in West Africa consists of twenty men who compare, in a way, with internes in hospitals in the United States; and ten women who are nurses in some stage of evolution. Upon this staff falls the great burden of work, and it is well done. Some members of the staff deserve special mention.

There is Bulla Mfum, who is not only interested in and does well both medical and surgical work, but who is also vitally concerned with the souls of men. Voluntarily has this man assumed the responsibility of night calls, so that the missionary in charge might get his rest. The man is called anywhere, often many times to bring relief to some one suffering during the night. So the Presbyterian missionaries in the Cameroun rejoice with him in the very great honor that has been given him by the Governor of Cameroun in the shape of a medal accompanied by a certificate which reads as follows:

"The Governor of the Colonies, Representative of the French Republic in Cameroun, Officer of the Legion of Honor, awards to Bulla Mfum, an intelligent and devoted native who is a splendid example for his people, also who is an interne in the Hospital of the American Presbyterian Mission of Elat where he has served for fifteen years with rare devotion, the Medal of Native Merit."

W. I. CLARKE.

Pennsylvania.

The I.C.N.

HAVE you subscribed to the international magazine, the *"I. C. N."* The July number will be an historical one and every nurse should have it. The subscription, $1 a year, may be sent to the Secretary of the International Council of Nurses, Miss Christiane Reimann, 14 Quai des Eau Vives, Geneva, Switzerland.

"Journals" Wanted

EMMA SCHUELKE, Lutheran Hospital, York, Neb., wishes to secure a copy of the *Journal* for June, 1927.

Florence Olmstead, 305 East Chicago Avenue, Chicago, needs the following copies of the *Journal:* 1917, January through April, June through Sept., Nov., Dec.; 1918, January through August; 1919, Sept., Oct., Dec.; 1920, Feb., through May, July, Oct., Nov.; 1921, Jan., Feb., Mar., June, July, Oct., Nov., Dec.; 1923, April, August, September.

"Journals" on Hand

MRS. CLARA O. HERM, Maybury Sanitarium, Northville, Mich., will sell for ten cents each and postage, the following: 1924, March through December; 1925, all except September and December; 1926, July and September; 1927, January; 1928, March

News

Note.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication

The American Nurses' Association

"This membership chart illustrates the nurse's membership in her Alumnae Association, District Association, State Nurses' Association, American Nurses' Association, and her representation in the International Council of Nurses."

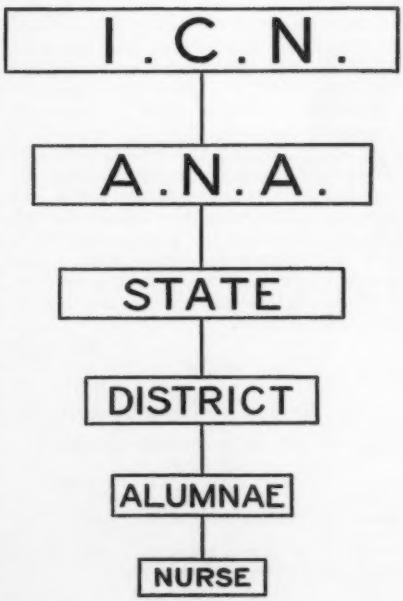
On the reverse side of the membership chart reproduced here is this explanation, which continues: "The registered nurse who resides in the district in which her Alumnae Association is located follows a straight line, as indicated in the chart, into membership in the American Nurses' Association.

"The registered nurse who does not reside in the district in which her Alumnae Association is located enters the American Nurses' Association through the district and state of her actual residence. She should, however, retain contact with her Alumnae Association as a non-resident member and pay to it a nominal fee."

The value of the chart in clarifying A. N. A. membership for the incipient member cannot be over-estimated. For the student nurse, for use in membership drives, as an illustration at group meetings where membership is the topic for discussion, this chart is most useful. Its size is 8½" by 5½", and its price is $2.50 a hundred, or two copies for five cents. It is obtainable at A. N. A. Headquarters in any number desired.

Another publication on sale at Headquarters is the current issue of Convention Proceedings. An accounting of the stewardship of the American Nurses' Association to its component groups is found in the Proceedings of its biennial conventions. These Proceedings form a continuous report of A. N. A. development. The Proceedings of the Twenty-sixth Convention, held last June in Louisville and now on sale, have been digested so that the reports are brief and the emphasis of each meeting and report is indicated clearly.

Every State and District Association should have its copy of the 1928 Proceedings. This record of A. N. A. growth, work, problems, objectives during the two years reviewed in the Proceedings should take its place beside similar records of preceding periods. It should form the link with the future, welding



STEPS IN THE NURSE'S MEMBERSHIP
AMERICAN NURSES' ASSOCIATION

what has gone before with present activities and plans for the two years which will be recorded as accomplishments on the Proceedings of 1930.

No nurse can read the Proceedings of her organization without some searchings within herself. Is she doing her part toward carrying high those standards recorded there, toward working out those problems which are hers as a member of her national nursing group? No nurse can read the Proceedings without a thrill of pride in the American Nurses' Association. She cannot find there the accounting of the stewardship entrusted by her and her sister members to the hands of her Association leaders, without saying, "Well done."

Edith J. L. Clapp, who was appointed Field Secretary of the American Nurses' Association in 1925, resigned that position in January and terminated her service on April 1. The nurses who have had the pleasure of meeting Miss Clapp during the years when she was actually in the field will recall her friendly and helpful enthusiasm. As the work at Headquarters developed and expanded it became necessary to curtail the field work because of the tremendous pressure on the office staff, and Miss Clapp has recently spent all of her time in the office. As hostess in the frequent absences of the Director, Miss Clapp has had opportunity for the expression of some of her most outstanding qualities, gracious cordiality and an abiding and sympathetic interest not only in nursing as a profession but in the individual nurses who have come with their personal perplexities and problems as well as those of the professional organizations. No one has ever come, even at the busiest time, to whom she has not given of her best in friendly helpfulness.

Nurses' Relief Fund

REPORT FOR MONTH ENDING FEBRUARY 28, 1929

Receipts

Interest and dividends received on investments	$45.00
Interest received on bank balances	28.63
Benefit checks returned by beneficiaries	40.00
	$113.63

Contributions

Arizona: District 1, $21; District 5, $5	26.00
California: State Nurses' Assn.	356.90
Connecticut: Individual contribution	5.00
Illinois: District 1, Mercy Hospital Alumnae, $50; Illinois Masonic Hospital Alumnae, $65; University Hospital Alumnae, $50; St. Luke's Hospital Alumnae, $25; Women's and Children's Hospital Alumnae, $25; North Chicago Hospital Alumnae, $25; Post-Graduate Hospital Alumnae, $10; Washington Blvd. Hospital Alumnae, $20; St. Anne's Hospital Alumnae, $25; Grant Hospital Alumnae, $25; St. Barnabas Guild of Chicago, in appreciation of services rendered to Illinois nurses, $100; individual contribution, $2; District 2, Aurora Hospital Alumnae, $10; District 4, individual contributions, $10.10; District 6, Brokaw Hospital Alumnae, $10; Sixth District Assn., $5; District 8, Cottage Hospital Alumnae and individuals, $11.50; District 11, individual contributions, $12; Mattoon Alumnae, $15; District 13, Our Saviour's Hospital Alumnae, $3; Passavant Hospital Alumnae, $10; Springfield Hospital Alumnae, $17; Decatur Macon Hospital Alumnae, $13; individual members, $30; District 14, 14th District Assn., $10	$578.60
Iowa: District 1, $244; District 2, $103; District 3, $100; District 4, $25; District 5, $40; District 6, $136; District 7, $234.25; District 8, $1; District 9, $95; District 10, $33	1,011 25
Kansas: District 2, St. John's Alumnae, $5; individual contributions, $7	12.00
Kentucky: Western District	60.00
Minnesota: District 2, St. Luke's Alumnae, Duluth, $1; District 3, Asbury Hospital Aumnae, $53; University School of Nursing Alumnae, $25; Fairview Hospital Alumnae, $73; individual contributions, $69; Swedish Hospital Alumnae, $115; District 4, Individual contributions, $2; District 5, Immanuel Hospital Alumnae, Mankato, $12; individual contributions, $20	370.00
Missouri: District 1 (St. Joseph's), St. Joseph's Hospital Alumnae, $9; District 2 (Kansas City), Children's Mercy Hospital Alumnae, $12; District 3 (St. Louis), St. Luke's Hospital Alumnae, $50; Missouri Baptist Sanatorium Alumnae, $110; Christian Church Hospital Alumnae, $45	226.00
Montana: District 6	25.00
New York: Frederick Ferris Thompson Hospital Alumnae, Canandaigua, $10; St. Catherine's Hospital Alumnae, Brooklyn, $25; Cortland County Nurses' Alumnae, $54; Middletown State Hospital Alumnae, $35; Middletown State Hospital student nurses, $17; Buffalo Hospital, Sisters of Charity, $25; Lenox Hill Hospital, $25; Roosevelt Hospital Alumnae, $50; Auburn City Hospital Alumnae, $77; Woman's Hospital Assn. Alumnae, Batavia, $10; individual contributions, $28; District 7, $34; District 8, $36; District 11, $25	451.00
North Dakota: St. Alexius Hospital Alumnae	25.00
Oklahoma: District 2, $20; District 4, $2	22.00
Pennsylvania: Contributed by former beneficiary	2.00
Tennessee: Knoxville Registered Nurses' Assn.	33.00
Texas: District 2, $30; District 4, $50; District 13, $7; District 15, $22	109.00
Total receipts	$3,426.38

Disbursements

Paid to 195 applicants	$2,702.00
Salaries	254.16
Charge for custodian service for securities for six months	63.00
	$3,019.16
Excess of income over expenditures for month ending Feb. 28, 1929	$407.22

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent either to the person who collects your dues or to the local Relief Fund chairman. The method for collection of contributions varies in each state. Your district president or treasurer can tell you to whom your checks should be sent. For application blanks for beneficiaries apply to your own alumnae or district association, or to your state chairman. For leaflets and other information address the state chairman or the Director of the American Nurses' Association headquarters, 370 Seventh Avenue, New York, N. Y.

Bordeaux School Campaign

More than $6,000 now has been raised toward the $25,000 needed to erect the right wing of the Florence Nightingale School of Nursing at Bordeaux, France. The number of gifts sent to A. N. A. Headquarters from the various states during February was greater than in any previous month of the campaign, a fact which seems to show that many of the states now are thoroughly organized and the work well under way.

This is an excellent sign, as the campaign passes the halfway mark in the time set for the raising of these funds. It is characteristic of this type of A. N. A. work that always it begins slowly and always it gains in impetus with time—and always, up to now at least, it has accomplished what it has set out to do. This situation probably results from the complete organization of the A. N. A., leading from the national to state, district, and alumnae groups. In such matters as the Bordeaux School campaign, each of these groups has to organize its working units before the actual raising of funds can be undertaken.

Seven states now have filled their quotas: Delaware, Michigan, Mississippi, New Mexico, North Carolina, North Dakota, and South Dakota. A number of personal contributions have been received and these are listed under a separate head. Previously such gifts were allocated to the state in which the donor resided, but this method has been changed because it is felt by the Committee that these contributions do not represent the gifts of the nurses themselves, and, therefore, the figures may prove misleading.

Bordeaux School Gifts

STATEMENT FEBRUARY 5–MARCH 5

State	*Quota*	*Received*
Alabama	$192.40	$31.00
Arizona	55.60	
Arkansas	160.00	
California	2,112.00	
Colorado	272.00	
Connecticut	744.00	
Delaware	60.00	60.00
District of Columbia	335.60	200.00
Florida	356.80	201.50
Freedman's Alumnae	24.00	
Georgia	314.00	25.00
Hawaii	29.60	
Idaho	33.60	
Illinois	1,918.80	5.00
Indiana	490.00	
Iowa	652.80	172.80
Kansas	298.00	29.00
Kentucky	223.20	2.00
Louisiana	405.20	
Maine	192.80	
Maryland	631.20	305.00
Massachusetts	1,623.20	
Michigan	1,142.40	1,142.40
Minnesota	964.00	137.70
Mississippi	90.40	90.40
Missouri	987.60	569.00
Montana	68.40	39.25
Nebraska	319.60	163.24
Nevada	12.00	
New Jersey	811.20	
New Hampshire	157.60	
New Mexico	29.20	29.20
*New York	3,906.00	600.70
North Carolina	310.40	332.40
North Dakota	74.00	85.00
Ohio	1,708.40	1.00
Oklahoma	177.20	
Oregon	263.60	
Pennsylvania	2,989.20	25.00
Porto Rico	11.60	
Rhode Island	263.20	141.90
South Carolina	114.80	
South Dakota	57.20	57.20
Tennessee	322.00	
Texas	778.80	564.60
Utah	79.60	
Vermont	102.40	
Virginia	284.00	215.00
Washington	455.20	
West Virginia	162.00	
Wisconsin	466.40	
Wyoming	16.80	
Total gifts from states		$5,225.29
Gifts outside state quotas		1,135.00
Total		$6,360.29

* This amount includes $300, the gift of the late Miss Maxwell.

Isabel Hampton Robb Memorial Fund

REPORT TO MARCH 12, 1929

Previously acknowledged	$33,928.62
Contributions	
Connecticut: Individual member of State Association, $21.75; alumnae associations—Bridgeport, $9; Connecticut Training School, $15; Danbury, $2; Grace, $3.25; Hartford, $91; Lawrence and Memorial, $12.50; Meriden, $11; Middlesex, $5.25; Stamford, $6; St. Joseph's, $7; St. Raphael's, $18.75; Connecticut State Hospital, $4	206.50
Michigan: State Association	25.00
Pennsylvania: Ashland State Hospital Alumnae	5.00
Total	$34,165.12

MARY M. RIDDLE, *Treasurer.*

SCHOLARSHIPS

Seven scholarships of $300 each are offered for the year 1929–30 to applicants who qualify and who are planning to take an eight-months' course approved by the Committee. The scholarships are competitive and the lists close on May 1. For application blanks, apply to the Secretary, Katharine DeWitt, 370 Seventh Avenue, New York.

McIsaac Loan Fund

REPORT TO MARCH 12, 1929

February 12, Balance	$958.29
Bank interest	.60
Contributions	
Connecticut: Individual members of State Association, $21.75; alumnae associations—Bridgeport, $9; Connecticut Training School, $15; Danbury, $2; Grace, $3.25; Hartford, $91; Lawrence and Memorial, $12.50; Meriden, $11; Middlesex, $5.25; Stamford, $6; St. Joseph's, $7; St. Raphael's, $18.75; Connecticut State Hospital, $4	$206.50
Michigan: State Association	25.00
Pennsylvania: Ashland State Hospital Alumnae	5.00
March 15, Payment of loan, with interest, plus one dollar for over-time	229.00
Total	$1,424.39
Disbursements	
Feb. 21, Loan made	200.00
March 12, Balance	$1,224.39

MARY M. RIDDLE, *Treasurer.*

LOANS

Loans are given at any time of year to applicants approved by the Committee for use in taking advanced courses in nursing.

CONTRIBUTIONS

Contributions to the Robb Scholarship Fund or to the McIsaac Loan Fund are requested from associations or from individuals. Checks should be made out separately; they should be addressed to the Treasurer, or to either fund, Care *American Journal of Nursing*, 370 Seventh Avenue, New York.

The National League of Nursing Education

The next convention of the National League of Nursing Education will be held in Atlantic City, New Jersey, June 17–21 next, at the same time as the American Hospital Association, and just after the International Hospital Association, which is organizing June 13–15. Headquarters will be at the Ambassador Hotel. Make reservations directly with the hotel. Rates are $8 and $10 a day for double rooms. The single rooms are gone. Meals will be obtainable for about $5 a day. The hotel is arranging some special menus. Meetings will be in the new Auditorium, just opening. The League will have a special educational exhibit, and the American Hospital Association will have a very varied exhibit, all in the Auditorium. The program will give an opportunity for discussion of many of the important questions before us today. Watch the May *Journal* for full announcement. Rates will be on the certificate plan, through the American Hospital Association—fare and a half for ten days, fare and two-thirds, with stop-overs, for thirty days. Certificates will be distributed locally through local Leagues.

The International Council of Nurses

The International Council of Nurses will hold its next Congress in Montreal July 8–13, 1929. It is the first time it has met on this side of the Atlantic since 1901. Headquarters will be in the University High School. Reservations should be made for rooms at once to Miss M. F. Hersey, Chairman of the Arrangements Committee, Royal Victoria Hospital, Montreal. There are no single rooms left, so tell Miss Hersey with whom you want to room. Hotel rooms will be from $10 a day up, depending on the number of people in the room, and the location. Some rooms have kindly been offered by the convents, at $1.50 a day. Meals may be obtained at various restaurants throughout the city at

about $2.50 a day. For transportation rates see the announcement of the National Chairman in this issue. Preliminary program announcement was made in the November *Journal*. A fuller one will soon be made. There will be speakers from all over the world, on a variety of topics interesting to every nurse.

AN INVITATION FROM TORONTO

To nurses attending the Congress of the International Council of Nurses: Any nurse who plans to visit Toronto, Canada, before or after the Congress and who wishes to become acquainted with the nursing field of that city, please write to Convenor Hospitality Committee, Registered Nurses' Association of Ontario, Toronto General Hospital, Toronto 2, Canada, stating type of nursing observation desired, and approximate date of visit, in order that her time may be planned to the best advantage.

TRANSPORTATION

Convention rates of fare and one-half will be authorized on the *Identification Certificate Plan*. These will be distributed through the state chairmen, whose names will be found in the March *Journal*, p. 355. Tickets may also be sold for this convention on the basis of fare and three-fifths with final return limits of thirty days. The round trip tickets will be sold at the starting point. For some sections the usual summer rates may be less expensive. Consult local ticket agent for comparative prices and dates of sale. *All* tickets must be validated by a ticket agent at Montreal before the return journey is commenced. (Validated under the Identification Certificate Plan, simply means stamping of the ticket by the ticket agent.)

Special trains will leave via Delaware and Hudson, and New York Central on July 7 according to the following schedule:

8.40 p. m.		Grand Central Terminal, New York City
8.50	"	125th Street, New York City
9.20	"	Harmon, N. Y.
10.20	"	Beacon, N. Y.
10.45	"	Poughkeepsie, N. Y.
12.30 a. m. (July 8)		Troy, N. Y.

Arriving Montreal 6.58 a. m., July 8. All time is Eastern Standard Time.

All nurses should reach Montreal by the morning of Monday, July 8, as the first meeting is at 2 p. m.

As soon as definite schedules from other section chairmen are received, they will be printed in this magazine.

Caroline Garnsey, Room 1641, 370 Seventh Avenue, New York City, has been appointed National Chairman of Transportation. Information relative to post-convention tours may be obtained from her.

International Catholic Guild of Nurses

Great preparations are being made for the Annual Convention of the International Catholic Guild of Nurses in Montreal, Canada, July 5, 6 and 7. The program will be the most interesting one yet offered and will deal especially with the spiritual, educational and social life of the individual nurse in preparation for her eminent service to the sick. Leaders in the nursing profession from the United States, Canada and Europe will participate in the program in which the interest of the many hundreds of Catholic schools of nursing will be discussed. Special excursions will be conducted from various sections of the country to Montreal, Canada, and a special train will be made up in Chicago to carry the nurses from the west and the middle west, who will assemble there, on a tour which will embrace the most interesting features of the United States and Canada, allowing a week at Montreal to participate in the program of the International Catholic Guild of Nurses and the International Council of Nurses which it precedes. Invitations have been sent to groups of nurses in Europe to attend the convention of the Guild, and the program will be both in English and French with special sessions for the Sisters who attend. The French sessions are necessary for the French-Canadian Nurses and for the visitors from Europe who can more readily understand French than English. An outstanding feature of the program will be the holding of many round tables which will give opportunity for asking questions and for discussions. The headquarters of the International Catholic Guild of Nurses are at the Auditorium Hotel, Suite 142, Chicago, Ill.

Middle Atlantic Division

A meeting of the MIDDLE ATLANTIC DIVISION of the American Nurses' Association will be held in Philadelphia, at the Bellevue-Stratford Hotel, April 25 and 26. An outline of the program is:

April 25, 8. 30 a. m., Registration; 9, Directors' meeting; 9.30, General session, Jessie J. Turnbull presiding. Reports of officers and of

state presidents, address of chairman; address, "The Gainful Occupation of Leisure," Thrysa W. Amos, Pittsburgh University. 2 p. m., Business session; 2.30, Program, "Centralized Teaching for Schools of Nursing," Chairman, Mabel Huntley; 6.30, Banquet.

April 26, 9 a. m., Meeting Board of Directors; 9.30, Business session; 10, "Present Trends in the Education of Women," Dr. Willystine Goodsell, Teachers College, New York; "Mental Hygiene," Dr. Edward, Strecker, Philadelphia; 12.30, Luncheon with an address, "Value of Music in the Life of a Student"; 2 p. m., "Official Registries," Chairman, Susan C. Francis; 4, Business session and tea.

Mid-West Division

The MID-WEST DIVISION will hold its biennial meeting in Detroit, at the Book-Cadillac Hotel, April 12 and 13.

The program will be as follows:

April 12, 8.30 a. m., Board of Directors; 10, Business Session, Mabel Dunlop presiding. 10.30, "Common Nursing Problems." (1) What factors are desirable to incorporate into the registration laws, suitable to the problems of our Division of the American Nurses' Association? Leader, Adda Eldredge, Wisconsin State Board of Health. (2) Are we using the same basic plans for membership? Explanation of the present plans for transfer of members from District to District Association and from State to State Association. Leader, Mary C. Wheeler, General Secretary, Michigan State Nurses' Association.

12–2.30, Discussion Group Luncheons. (1) "Bedside Nursing." Presiding, Mrs. Mabel Scott Huggins, Registrar, Nurses' Central Directory, Indianapolis. Speaker to be announced. (2) "Health Education in Industry." Presiding, Ellen Atchison, General Supervisor, Metropolitan Life Insurance Company. Speaker, A. J. Lanza, M.D., Metropolitan Life Insurance Company. Discussion Leader, Mary P. Connolly, Director Health Education, Detroit Department of Health. (3) "Principles of Supervision." Presiding, Erma Kowalke, General Director, Milwaukee Visiting Nurse Association. Speaker to be announced. (4) "Lay Members." Chairman of program, Mrs. Hugo A. Freund, President, Detroit Visiting Nurse Association. (See special program.)

2.30 p. m., General Session, "Nursing Economics," Dr. May Ayres Burgess, Director, Committee on Grading of Nursing Schools. Discussion Leaders, "The Physician," Dr. Louis Hirschman, President, Michigan State Medical Society; "The Public," W. J. Norton, Executive Secretary, Detroit Community Union; "The Nurse," Janet Geister, Headquarters Director, American Nurses' Association. 7 p. m., Banquet.

April 13, 9 a. m., Short Business Session. "Common Nursing Problems." (1) Registries for Nurses. What are the functions of the official registry in the community; its organization; the type of service to be expected; its future? Leaders, Lyda Anderson, Executive Secretary, Detroit District, M. S. N. A.; Winifred Boston, President, Iowa State Nurses' Association. (2) What educational facilities are open to the graduate nurse in the Mid-West Division? What should we have? Discussion Leader, May Kennedy, Director, Illinois State School for Psychiatric Nursing.

Noon, Red Cross Luncheon. Presiding, Mrs. Elsbeth H. Vaughan, Assistant Director, Nursing Service, A. R. C. Speaker, Dr. William De Kleine, Medical Assistant to the Vice-Chairman, A. R. C., "The Medical and Public Health Aspects of Red Cross Disaster Relief Work." 2.30 p. m., General Session. "Humanizing and Dehumanizing Tendencies in Modern Life," Dr. Reinhold Niebuhr, Union Theological Seminary, New York City. Closing Business Session. 4 p. m., Tea, Art Institute. Hostess, St. Barnabas Guild for Nurses.

LAY INSTITUTE ON COMMUNITY NURSING

April 12, 9 a. m., Registration. 10, Presiding, Mrs. Hugo A. Freund, President, Visiting Nurse Association, Detroit. "Function of Boards of Trustees and Committees," Speaker Dr. Michael Davis. 11, Special group discussions on "Duties of Board vs. Duties of Professional Staff." (1) Boards of Visiting Nurse Associations. Leader, Lay, Margaret B. Conover, President, Chicago Visiting Nurse Association. (2) Official Nursing Departments. Speaker, Dr. Hugo A. Freund, Member Board of Health, Detroit. (3) Boards of Hospitals and Schools of Nursing. Speakers, Claire Sanders, Detroit; Dr. May A. Burgess, Committee on Grading of Nursing Schools.

12–2, Lay Luncheon Groups: Hospital Group, Question Box. Presiding, Mrs. Frederick H. Holt, President of Board of Directors of Woman's Hospital, Detroit. Public Health Group, Question Box. Presiding, Mrs. Harry B. Warner, Visiting Nurse Association, Detroit.

April 13, 10 a. m., Presiding, Mrs. Whitman Cross, President, Lay Section, N. O. P. H. N., Washington, D. C. "The Public's Responsibility for Nursing Needs of the Community."

Speaker, Dr. Henry F. Vaughan, Commissioner, Department of Health, Detroit. "Nursing Education." Speaker, Adda Eldredge, Wisconsin. "Nursing Service and Registries." Speaker, Lyda Anderson, Executive Secretary, Detroit.

New England Division

The NEW ENGLAND DIVISION will hold its biennial meeting at the Taft Hotel, New Haven, Conn., April 11–13. (For an outline of the program, see the March *Journal*, page 356.)

Army Nurse Corps

During the month of February, 1929, orders were issued directing the following-named members of the Army Nurse Corps to report to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, Second Lieutenants Ottilie Kawalle, Cecilia Kehoe, Ruth R. Stadler; to Station Hospital, Fort Bragg, N. C., Second Lieutenant Caroline E. Bennett; to Station Hospital, Fort D. A. Russell, Wyoming, Second Lieutenant Margaret McCallum; to the Philippine Department, Second Lieutenant Margaret E. Swearingen.

Fourteen have been admitted to the Corps as Second Lieutenants.

The following-named are under orders for separation from the Corps: Elsie J. Dahlstrom, Helen M. Moorehead, Bonnie S. Freckman, Mary E. Cullen, Kathlein J. Marshall, Mary A. Bennett, Maude Yarbrough, Agnes D. Murphy, Clothilda J. Mraz, Jessie M. Wilbur, Effie Passmore, Mona Ross, Helen T. Carey, Edna Ellis, Edna Earl Evans.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent.

Navy Nurse Corps

During the month of February, seven nurses have been appointed and assigned to duty:

Transfers: To Canacao, P. I., Susan J. English; to Chelsea, Mass., Margaret A. Morris, Mary M. Heck; to Great Lakes, Ill., Margaret E. Sutherland; to Guantanamo Bay, Cuba, Lillian V. Hennessey; to League Island, Pa., Mary Moffett, Chief Nurse; to Mare Island, Calif., Elizabeth J. Keavey, Laura M. Gibson, Mary Brooks, Chief Nurse, Emily J. Cunningham, Chief Nurse; to Newport, R. I., Mildred E. Smith; to New York, N. Y., Elizabeth Zombro, Helen J. Lord, Margaret Hyde; to Norfolk, Va., Lucy A. West; to Pearl Harbor, T. H., Jeanne Farrior, June H. Howard, Marion H. Clapsadel; to Philadelphia, Pa., University of Pennsylvania, Katie M. Smith; to Puget Sound, Wash., Maude S. Griffiths; to San Diego, Calif., Elizabeth L. Tope, Chief Nurse; to Tutuila, Samoa, Mary F. Tuohy; to St. Thomas, V. I., Mary D. Walton; to Washington, D. C. Helen V. Duerr.

The following nurses have been separated from the Service: Esther L. Flynn, Anita H. Wiley, Blanche A. Fournier, Blanch E. Cooley, Lois J. Stipp, Hilda G. Nutter, Florence G. Pond, Bertha C. Bennett, Grace George, Jane C. Smith, Corinne M. Snyder.

Transferred to Retired List: Mary H. duBose, Chief Nurse.

J. BEATRICE BOWMAN,
Supt., Navy Nurse Corps.

United States Veterans' Bureau

REPORT OF NURSING SERVICE, FEBRUARY, 1929

Separations: forty.

Assignments (New): twenty-seven.

Reinstatements: Marion B. Brown, Inez Finch.

Transfers: Cora Hughes, to Ft. Lyon, Colo.; Estelle Dickerson, to Kansas City, Mo.; Lillian Bowie, to Outwood, Ky.; Ora Lovelady, to North Little Rock, Ark.; Grace Crahan, to Chicago, Ill.; Katherine Barry, to Minneapolis Minn.

MARY A. HICKEY,
Supt. of Nurses, U. S. V. B.

U. S. Public Health Service

The following transfers, reinstatements, and new assignments have been made in the U. S. Public Health Service during the month of February, 1929:

Transfers: to Stapleton, N. Y., Mary D. Harloe, Joseph Cassity; to Boston, Mass., Sara Boynton; to Chicago, Ill., Hattie Thiedeman; to St. Louis, Mo., Emma N. Crawford, Odette Pollett; to Memphis, Tenn., Carrie Shoff; to Fort Stanton, N. M., Viola Chauvin; to Key West, Fla., Willie Eva Carroll; to Louisville, Ky., Betty Smith; to Mobile, Ala., Anna Morrison; to Norfolk, Va., Anna Weick, Pauline Wells; to New Orleans, La., Hattie Haigwood; to Portland, Maine, Madeline

Howson; to Ellis Island, N. Y., Elizabeth Cecil, Alice Berst.

Reinstatements: Sallie Lunt.

New Assignments: seven.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H.

U. S. Indian Service

Appointments: two.

Transfers: Edith L. Richardson, to Yakima Agency, Toppenish, Wash.

Separations: None.

ELINOR D. GREGG,
Supervisor of Nurses.

Summer Courses and Institutes

California: Berkeley.—Summer session of the UNIVERSITY OF CALIFORNIA, July 1 through August 10. Epidemiology, Social Economics, Child and School Hygiene. Principles of Public Health Nursing given by Elnora Thomson; Administration and Supervision in Schools of Nursing, by Mary M. Pickering. Courses in Los Angeles the same as in Berkeley, Principles of Public Health Nursing by Helen D. Halvorsen.

Colorado: Ft. Collins.—COLORADO AGRICULTURAL COLLEGE, a course in Teaching Methods for Red Cross classes, July 27–August 30. **Greeley.**—COLORADO STATE TEACHERS' COLLEGE, courses in Administration in Schools of Nursing and Curriculum for Schools of Nursing, July 22–August 24, Carolyn E. Gray, Director.

Illinois: Chicago.—UNIVERSITY OF CHICAGO, courses in Public Health Nursing, Supervision in Schools of Nursing, Methods of Teaching Principles and Practice of Nursing, Administration in Schools of Nursing, summer quarter, Anna D. Wolfe, Director.

Louisiana: Baton Rouge.—LOUISIANA STATE UNIVERSITY, courses in Supervision in Hospitals and Schools of Nursing, Teaching in Hospitals and Schools of Nursing, History of Nursing and Contemporary Problems, C. A. Ives, Director, Summer School.

Massachusetts: Boston.—SIMMONS COLLEGE, courses in Anatomy and Physiology, Chemistry, Principles of Teaching, Nursing Procedures and Teaching Practice, Teaching in Schools of Nursing, Supervision in Schools of Nursing, July 1–August 10, Marion M. Rice, Director.

Michigan: Ann Arbor.—UNIVERSITY OF MICHIGAN, courses in Public Health Nursing, June 24–August 3. For those public health workers who are unable to attend the regular Summer Session courses, intensified work in the form of week-end institutes is offered, for each Friday and Saturday over a period of six weeks. For further information, address Division of Hygiene, Public Health and Physical Education, University of Michigan, Ann Arbor.

Minnesota: Minneapolis.—UNIVERSITY OF MINNESOTA, June 17–July 27, courses in Administration and Supervision in Schools of Nursing, Blanche Pfefferkorn; Teaching and Supervision in Schools of Nursing, Deborah MacLurg Jensen; Marion L. Vannier, Director. Also courses in Public Health Nursing, Eula B. Butzerin, Director. Individual units can be completed in two weeks for those who do not remain for the full term.

Nebraska: Omaha.—CREIGHTON UNIVERSITY, courses in Principles of Nursing Education and Principles of Hospital Supervision, May 22–July 3, Carolyn E. Gray, Director.

New York: New York.—TEACHERS COLLEGE, Columbia University, summer session, July 8–August 16. As usual, many nursing and related courses will be offered.

Pennsylvania: State College.—PENNSYLVANIA STATE COLLEGE, courses in Teaching Methods for Red Cross Classes. **Pittsburgh.**—PENNSYLVANIA LEAGUE OF NURSING EDUCATION will conduct an Institute at the University of Pittsburgh, May 27–June 1. Chairman of Institute, Annie Grass, Presbyterian Hospital, Pittsburgh.

Tennessee: Nashville.—PEABODY COLLEGE AND VANDERBILT UNIVERSITY, courses in Public Health Nursing. First term, June 10–July 20; second term, July 20–August 24. Courses in Teaching and Supervision in Schools of Nursing, June 10–July 20. Abbie Roberts, Director.

Virginia: University.—Two summer courses,—the first, June 17–July 27; the second, July 29–August 30. Subjects are: The Curriculum in Nursing Education; Methods of Teaching Nursing Practice; Supervision in Hospitals and Schools of Nursing. Faculty, Louise Oates and Adelaide A. Mayo.

Washington: Seattle.—UNIVERSITY OF WASHINGTON, courses in Public Health Nursing, Principles and Method of Teaching Nursing. Related courses include Sociology, Psychology, Nutrition and Education. All count toward a certificate or a degree. First term begins June 18; second term begins July 25. Elizabeth S. Soule, Head, Department of Nursing Education.

State Boards of Examiners

Alabama: The NURSES' BOARD OF EXAMINATION AND REGISTRATION OF ALABAMA will hold examination in Birmingham on May 21–22; in Montgomery, on May 22–23; in Mobile, May 24–25, beginning at 9 a. m. Applications must be filed, before May 7, with the Secretary, Miss L. H. Denny, 1320 N. 25th Street, Birmingham.

Arizona: Examinations for registration will be held at Phoenix, April 26 and 27. Catherine Owen Beagin, Secretary-treasurer, Clifton.

Arkansas: The ARKANSAS STATE BOARD OF NURSE EXAMINERS will conduct an examination for the registration of nurses, May 2 and 3, in the House of Representatives, Capitol Building, Little Rock.

Delaware: The DELAWARE STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will hold the next examination at the Delaware Hospital, Wilmington, on Monday, June 3, at 9 a. m. All applications must be in the hands of the Secretary, Mary A. Moran, not later than May 24.

District of Columbia: The NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will conduct an examination in Washington, D. C., May 1 and 2. Apply to the Secretary, Catherine E. Moran, 1337 K Street, N. W., Washington, D. C.

Kentucky: An examination for graduate nurses will be conducted by the KENTUCKY BOARD OF NURSE EXAMINERS, in Louisville, on the 21st and 22d days of May, 1929. All necessary information and applications may be secured by writing to Flora E. Keen, Secretary, Thierman Apt. C–4, Louisville.

Maryland: THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for state registration, May 15, 16, 17, 1929. All applications must be filed not later than April 20 with the Secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Minnesota: The MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold examinations on Monday and Tuesday, May 13 and 14, beginning at 9 a. m., in St. Paul, at the *new* State Capitol; in Duluth at St. Mary's Hospital; in Rochester at St. Mary's Hospital; in Crookston at St. Vincent's Hospital. Applications accompanied by the fee of $15 must be in the hands of the Secretary, Leila Halverson, 207 *old* State Capitol, St. Paul, by April 28.

North Dakota: The NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS will hold an examination for graduate nurses in Fargo and Bismarck, April 9–10, 1929. Mildred Clark, Secretary, Devil's Lake.

Rhode Island: The RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES, will hold their examinations, May 23 and 24, 1929, at 9 a. m., in the museum of the Rhode Island College of Education.

South Dakota: The SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at the Capitol Building, Pierre, May 28 and 29. Applications must be filed with the Secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination.

Wyoming: Cheyenne.—The STATE BOARD OF NURSE EXAMINERS reports that the legislature has passed two amendments to the nurse practice act. One amendment increases the compensation of Board members from $5 to $10 per day, when in active performance of their duties. The second amendment reads as follows: "It shall be the duty of the Board to inspect the schools of nursing in order to advise itself that all rules and regulations of the Board are being enforced, and the Board is hereby authorized and shall have the power to enforce such rules and regulations as it may adopt."

State Associations

Alabama: The ALABAMA HOSPITAL ASSOCIATION will hold its annual meeting on April 17, at the Cawthorn Hotel, Mobile. This will be held at the dinner table, 6–8 p. m. A welcome guest will be Dr. Malcolm MacEachern of Chicago, who will conduct a round table on "Hospital Problems." It is the ambition of the Association to have every hospital in the state accredited by the College of Surgeons.

Arizona: The ARIZONA STATE NURSES' ASSOCIATION will hold its annual meeting at the Woman's Club, Phoenix, April 25 and 26.

California: The twenty-sixth annual convention of the CALIFORNIA STATE NURSES' ASSOCIATION will take place at Sacramento, June 17–22 inclusive. The allied organizations, the California League of Nursing Education and the California Organization for Public Health Nursing will likewise hold their annual meetings and will coöperate in the program. The Mental Hygiene Section and the Private Duty Section will each have a

distinctive part in the convention. The topics to be presented will be enlightening to all nurses irrespective of special affiliations or activities. Immediately following this convention in Sacramento, the National Conference of Social Work will be held in San Francisco.

District of Columbia: On March 2, as one of his last official acts, President Coolidge signed a bill amending the "Act to Define 'Registered Nurse' and to Provide for the Registration of Nurses in the District of Columbia." After a long and stormy period covering a number of years, this bill passed the House and the Senate just in time to become a law before Congress adjourned. The Graduate Nurses' Association of the District is very happy over the outcome. Janet Fish, Superintendent of Nurses of Emergency Hospital, was chairman of the Legislative Committee which steered the bill. She was fortunate in being able to secure the assistance of her brother, Congressman Hamilton Fish, Jr., of New York, to introduce the bill and follow it through. She was also able to enlist the help of a most able lawyer, Walter Bruce Howe, who gave much time and showed deep interest in preparing the bill and appearing at committee meetings and hearings. The gift of his services to the Graduate Nurses' Association was a contribution that cannot possibly be repaid, but it is an evidence of the great coöperation which members of other professions show when one of the group is endeavoring to raise its standards. The Medical Society of the District was also very helpful and sent representatives to appear at the hearings to speak in behalf of the bill.

The old bill had been in effect since 1906, and was unsatisfactory in many respects.

The amendment defines the use of the term "Registered Nurse," also certified, graduate or trained, and provides penalties for their misuse; and reduces the age limit for certification by registration in the District from twenty-three to twenty-one. An increase of fees from $5 to $10 a year with annual reregistration with a $1.00 fee; the inspection and registration of schools of nursing and the authority to employ an executive secretary for the Board of Nurse Examiners, are also provided for in the bill. There were other minor changes with regard to auditing the accounts and provision for appeal.

The Graduate Nurses' Association feels that the passage of this bill marks a forward step for nursing in the District.

Once more the working together for a common cause against really serious odds has drawn the members of the Legislative Committee and the Association more closely together and has demonstrated a unity in coöperation that is a source of great gratification.

Florida: The FLORIDA HOSPITAL ASSOCIATION held its annual meeting in St. Augustine, April 1, at the Alcazar Hotel.

Georgia: THE GEORGIA STATE NURSES' ASSOCIATION will hold its annual convention, this year, in Rome, headquarters of the new 7th District, October 31–November 2. The State Secretary was invited to attend a meeting of the GEORGIA MEDICAL SOCIETY and discuss the question of service to the medical profession and the public through the Nurses' Official Registry. The Medical Society expressed sympathy with the situation and problems of the Registry and hearty coöperation toward the expansion of service and increased efficiency, as outlined. THE GEORGIA HOSPITAL ASSOCIATION was organized on February 6, in Macon. Sixteen hospitals were represented at the meeting, and the nurses present numbered more than 50 per cent of the entire attendance.

Hawaii: At the annual meeting of the NURSES' ASSOCIATION TERRITORY OF HAWAII, the following officers were elected: President, Harriet Delamere, Queen's Hospital, Honolulu; secretary, Janet M. Dewar, Young Hotel Building, Honolulu.

Maryland: The following are the officers of the Maryland League of Nursing Education for the year 1929: President, Maude Gardner; vice president, Helen Shearston; treasurer, Louise Savage; secretary, Frances Branley, University of Maryland Hospital, Baltimore; Executive Board, Claire Craigen, Helen Gassaway, Freda Crentzburg.

Michigan: The MICHIGAN STATE NURSES' ASSOCIATION will hold its annual meeting at the Book-Cadillac Hotel, Detroit, preceding the meetings of the Mid-West Division. An outline of the program will be found in the March *Journal*, page 361.

New Jersey: The annual meeting of the NEW JERSEY STATE NURSES' ASSOCIATION will be held at the Hotel Plaza, Journal Square, Jersey City, on April 19. The annual meeting of the New Jersey Organization for Public Health Nursing will be held at the same place on Saturday, April 20. On Thursday afternoon, April 18, preceding these meetings, the New Jersey League of Nursing Education will hold a meeting at the Plaza Hotel, beginning at one o'clock. The usual joint banquet will be held on Friday evening, April 19.

New Mexico: The NEW MEXICO STATE NURSES' ASSOCIATION will hold its annual meeting, Saturday, April 27, in Albuquerque.

Ohio: The OHIO STATE NURSES' ASSOCIATION will hold its annual convention and its twenty-fifth anniversary, at the Hotel Sinton, Cincinnati, April 10–13. For an outline of the program, see the March *Journal*, pages 361–362.

Rhode Island: The officers of the RHODE ISLAND LEAGUE OF NURSING EDUCATION for the year 1929 are as follows: President, Grace Breadon; vice president, Helen O. Potter; secretary, Wilma B. Chapin, Homeopathic Hospital of R. I.; treasurer, Margaret Dailey; Directors, Sara A. Carroll, Evelyn C. Mulrenan, and Mrs. Hazel C. Davis. The sixth annual meeting of the RHODE ISLAND STATE ORGANIZATION FOR PUBLIC HEALTH NURSING was held February 19, at the Medical Library, Providence. Following the business meeting, Winifred L. Fitzpatrick, of the Providence District Nursing Association, reported on the Revision Committee meeting of the National Organization for Public Health Nursing; Miss Earley, of the Providence District Nursing Association, on the Grading Plan; Mr. Chandler, Secretary of the Rhode Island Tuberculosis League, reported on his work. The principal speaker of the afternoon was Mary M. Richardson, Director of Nursing at the Manhattan Maternity Hospital, New York City. Miss Richardson gave an enlightening account of her recent training in midwifery at the British Hospital for Mothers and Babies at Woolwich, England.

South Carolina: The SOUTH CAROLINA STATE NURSES' ASSOCIATION will hold its annual convention in Columbia, April 3–5, in the Jefferson Hotel. Wednesday, April 3, Invocation, Rev. R. Lapsley; addresses of welcome by Mayor L. B. Owens, Gordon H. Kenna of the Chamber of Commerce, Mrs. Fletcher Spigner, President of the Women's Club, Etta Watts, representing District 3; response, Miss A. B. Commer of Florence; address, "The Need of More Effective Nursing Legislation in South Carolina," Dr. Heyward Gibbs. 2 p.m., Public Health Section, Miss E. C. Nelson presiding. 5.30–6.30, Tea at the Governor's Mansion. 8 p. m., Illustrated address, "The So-called Mineral Factor in Nutrition," Roe E. Rimington, Ph.D. April 4, Morning Session, Address by Mrs. John Drake, Columbia School Commissioner; "The Twentieth Century Nurse," Nina D. Gage, Executive Secretary National League of Nursing Education, and President International Council of Nurses; "Adult Education," Will Lou Gray. Afternoon Session, Address by the President, Marguerite Andell; business and reports. Evening, Banquet. April 5, 9.30, Meeting of new Executive Board; 10.30, Private Duty Section, Rosa Brogden presiding; 11.30, Educational Section, Miss M. C. McAlister presiding; round table.

South Dakota: The SOUTH DAKOTA STATE ASSOCIATION OF GRADUATE NURSES will hold its annual convention in Huron, June 3–5.

Texas: The TEXAS STATE NURSES' ASSOCIATION will hold its annual convention in Amarillo, May 8–11. The President of the TEXAS LEAGUE OF NURSING EDUCATION is Lucile Burlew, succeeding Ruby Buchan who resigned.

Vermont: The annual meeting of the VERMONT STATE NURSES' ASSOCIATION will be held in Barre, May 23.

District and Alumnae News

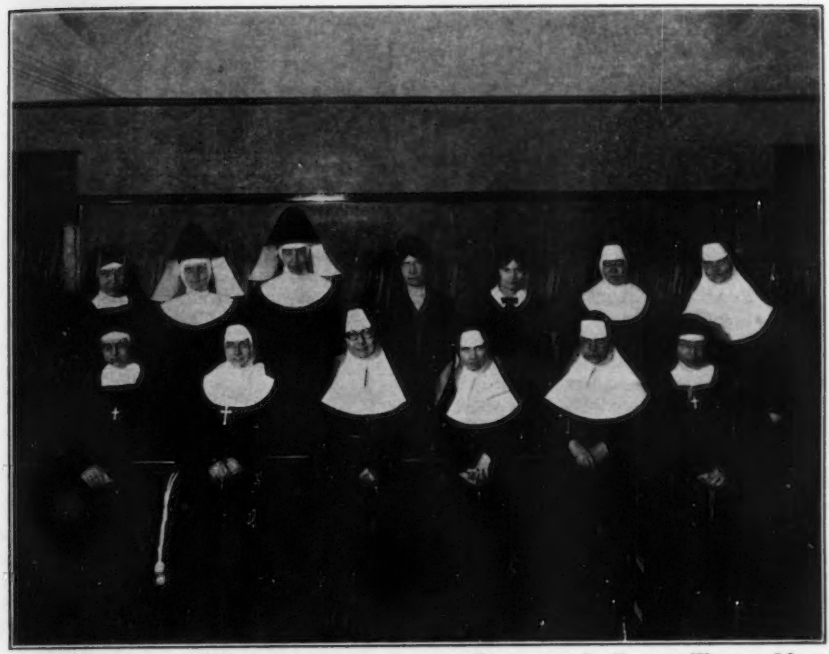
Alabama: Birmingham.—DISTRICT 1 held its postponed annual meeting on February 13, at the club rooms, Annice Jackson presiding. The Secretary-treasurer's annual report showed a very successful year in progress and increasing membership. Miss Denny read an article relative to Navy nursing and openings in that service for Red Cross nurses. She also read an account of the death of Miss Anna C. Maxwell, one of the pioneers in American nursing history, who was buried in Arlington National Cemetery near our beloved Miss Delano, with full military honors. Elizabeth LaForge, Chairman of the Hourly Nursing Committee, reported an interesting committee meeting and promised some definite work to be studied on this subject, and expressed the belief that we would have an hourly nurse in the field this year. Linna Denny gave an interesting talk on early nursing in Birmingham. Catherine Moultis then gave a brief outline of the Association since its organization in 1905. Several of the charter members were present. Helen MacLean followed with an account of the organization of state registration and the difficulties overcome in obtaining it. Miss Jackson read her annual address, and thanked the members for their coöperation and support.

Colorado: Denver.—The COLORADO TRAINING SCHOOL ALUMNAE, at their recent annual meeting, elected: President, Sigma Freek; vice presidents, Mrs. Mary Thurston, Bertha Johnson; secretary, Frances Nelson; treasurer, Louise Perrin; historian, Mrs. Ruth L. John.

Georgia: Atlanta.—The First District Association convened at the Headquarters' office, February 15, Lillian Alexander presiding. About sixty nurses attended. Cora E. Byers gave a postponed report of the convention of the State Association in a comprehensive way. It was voted that the district quota for the Bordeaux Memorial be underwritten and secured later from alumnae members. Nurses of Atlanta and vicinity celebrated the birthday of Jane A. Delano, March 12, at the State Headquarters, and signed the Red Cross questionnaires. Open house was kept all day, and not only Red Cross nurses, but Senior students came. During the evening a short talk on "The Purposes and Satisfaction of the Enrollment in the Red Cross Nursing Service" was given by Miss Van De Vrede, and a tribute to Miss Delano was read. **Columbus.** On March 1, the Fifth District held its regular meeting in Trinity Episcopal Church. The main topic was "Hospitals and Their Various Functions." Dr. W. P. Jordan gave an interesting talk on "What the Medical Profession Expects of the Nurse in the Hospital"; Marion Levy spoke on "The Relation of the Nurse to the Hospital;" and Mrs. G. F. Springmann on "The Training of Nurses in the Hospital in the Care of the Tuberculous." The meeting was unusually well attended. **Macon.**—A Conference on Health and Industry was called by the Medical Association of Georgia, and met on March 6, to which delegates from the State Nurses' Association were invited. The Third District Association held a meeting on February 2, Martha Cheevie Moore, President, presiding, and with the Executive Secretary of the State Association attending. Fifty nurses were present, and enthusiasm was good. Plans were discussed and made to increase the efficiency and service of the Registry to both graduates and undergraduates. The State Secretary gave a bird's-eye view of the work at Headquarters and commented on the good work of the Third District in quadrupling its membership in the last three years. **Rome.**—The bi-monthly meeting of the Seventh District Association was held on February 13, with thirty members present, Beulah Carrington of Dalton, presiding. A Private Duty Section was organized, Lydia Saxon being made chairman. Plans for the convention of the State Association were discussed. **Savannah.**—The February meeting of the Fourth District Association was held in St. Joseph's Hospital, on February 20, Martha Gatzka presiding. Jane Van De Vrede, Executive Secretary of the State Association, was a guest, and forty-five nurses were present. Committee reports were given, and the Association voted to underwrite its quota to the Bordeaux Memorial Fund, the alumnae associations to later return the amount. A committee was appointed to coöperate with Headquarters in regard to the publication of the yearbook. Registry problems were discussed, and the Registry Committee authorized to meet with the State Secretary and draft resolutions to be presented to the Medical Society, requesting its support and coöperation in increasing the service and efficiency of the Nurses' Official Registry. Jane Van De Vrede, Executive Secretary of the G. S. N. A., was present at a meeting of the colored graduate nurses of Savannah, on February 19. Fifty nurses were present, including about fifteen students. Special discussion regarding the Registry was entered into. Considerable interest was shown in the recently organized State Association for Colored Graduate Nurses. The Georgia Conference of Social Work was held in Savannah, February 18–21. One very interesting session of the Conference was presided over by Helen Bond, Director of the Savannah Health Center, and participated in by Martha Gatzka, President of the Fourth District Association. The Executive Secretary of the State Association was present and led a general discussion on "The Nurse as a Social Worker."

Indiana: Indianapolis.—The regular meeting of the Indianapolis City Hospital Alumnae was held on March 9. Zola Payne, class of 1919, spoke on her work as a missionary nurse in Korea.

Iowa: Des Moines.—The Seventh District's regular meeting was held at the Public Library, March 7. The program topic was "Avocations and Hobbies." Marie Ford, for a year a patient at Broadlawns Tuberculosis Hospital, talked on "Making a Hobby of Having Tuberculosis." Harry Bruner's topic was "Poetry." Mr. Bruner read several delightful original poems. Eleanor Robson talked on "Interpretative Dancing." "Antique Collecting" was the topic of an interesting talk by Edith Countryman. A business meeting followed. **Fort Dodge.**—District 8 held its regular meeting at St. Joseph's Hospital, February 20. Maude Sutton, State Director of Nursing Education, gave a talk on the work and aims of the Division of Nursing Education. **Sioux City.**—District 1 held its regular meeting, February 14. A 6.30 dinner was served in the Elks' Club, followed by a splendid program for which each hospital was asked to furnish something. After various forms of entertainment, a report of the



MEMBERS OF CLASS IN NURSING ADMINISTRATION AT COLLEGE OF ST. TERESA, WINONA, MINN.

February meeting of the Board of Directors of the State Association was given by Katherine Lacey, President of the District. Maude Sutton, State Director of Nursing Education, a guest of the evening, told of her work. The program was closed with a humorous play, "Suppressed Desires."

Kansas: Topeka.—CHRIST HOSPITAL SCHOOL OF NURSING, one of the oldest schools in the state, has combined with Bethany College to provide a "superior school of nursing, specializing in hospital administration, with postgraduate courses for nurses in executive positions in hospitals, especially the smaller ones." The new school is to be called "The Vail School of Nursing," in honor of Bishop Vail, who founded the two institutions. Vail will be a pioneer in offering practical courses to young women desiring to become superintendents. The School of Nursing is to be owned by Bethany College and is to be operated under its direction as an educational department of the institution. A plan is also being worked out with Washburn College, whereby young women may take a three-year pre-nursing course at the college, and then two years of training at Vail, graduating with a degree of Bachelor of Science granted jointly by Washburn and Vail.

Minnesota: Winona.—A mid-western Catholic college for women, the College of Saint Teresa, has taken the first step to prepare Hospital Sisters and other graduate nurses for their degrees in order to meet the requirements in a situation that is rapidly developing as a result of the survey and recommendations of the Grading Committee. Carolyn E. Gray, of New York City, conducted a course of six weeks' duration, which is the first step in a regular prescribed college course. The College is accredited by the Association of American Universities, holds membership in the North Central Association of Colleges, and is registered by the New York Board of Regents. It is prepared to give degrees in Bachelor of Arts, Bachelor of Science, Bachelor of Science in Nursing, and Master of Arts, and because of its superior standing offers a course to those interested and who wish to qualify for degrees which meet the highest requirements. The course consists of thirty hours in Survey of the Nursing Field, thirty hours in Nursing School Organization, and sixty hours in Principles of

Nursing Education and Special Methods of Teaching.

Missouri: St. Louis.—A course in Public Health Nursing is to be added to the curriculum of the WASHINGTON UNIVERSITY SCHOOL OF NURSING, this being made possible by a gift from Mr. and Mrs. George O. Carpenter. The course will be for graduate students and for undergraduates who are taking work leading to a degree. A well-prepared public health nurse will direct the course; she will be Associate Professor of Nursing.

New Hampshire: Manchester.—The annual meeting of the SACRED HEART HOSPITAL ALUMNAE ASSOCIATION was held at St. Ursula's Home, February 14, Mrs. Mary Davis presiding, and nine members present. The Treasurer's report showed the Association to be in good financial standing, and a brief review of the year's work, given by the President, brought out the gratifying fact that the Association ranks high in membership in the New Hampshire Graduate Nurses' Association. A visit from the State President, Elizabeth Murphy, was educational and much appreciated by the members. The most progressive step of the year was the establishment of a scholarship fund in order that any member of the Association desiring to further specialize in public health or nursing education might do so provided she is eligible. Another new departure was a reception to the Senior class. The following officers were elected for the coming year: Mrs. Mary Davis, president; Mrs. Maud Hoyt, vice president; Beatrice Markey, secretary; Annie Hayes, treasurer; advisory board, Kathryn Lehan, Mary Stearns, Gertrude Robinson. Chairmen of committees are: Nominating, Mrs. Linehan; Program, Annie Hayes; Welfare, Margaret Cronin; correspondent to *American Journal of Nursing* and *Public Health Nurse*, Mrs. Reynolds; delegate to State meetings, Mary D. Davis. A brief report was given by Mrs. Davis on the State meeting held in Concord, December 12.

New Jersey: Elizabeth.—The March meeting of District No. 1 was held at the nurses' residence of the Elizabeth General Hospital, March 12. There were about one hundred nurses present. As has been customary for several years, the March meeting is a Red Cross meeting and this year, very fittingly and appropriately, was held on Miss Delano's birthday. After the usual business had been transacted, the meeting was turned over to, Helen Stephen, Chairman, State Committee Red Cross Nursing Service, who introduced Dr. James S. Sowerby, First Aid and Life-Saving Corps, American Red Cross. Dr. Sowerby demonstrated many valuable first aid and life-saving features, refreshing the memory of many who had long since lost contact with first aid work. **Montclair.**—The MOUNTAINSIDE ALUMNAE ASSOCIATION held its annual meeting on January 15, at Innes Hall, Miss Kearny was elected vice president; Mrs. W. J. Carey was chosen to take charge of press and publication. **Passaic.**—At the meeting of the PASSAIC GENERAL HOSPITAL ALUMNAE ASSOCIATION, held February 6, officers for 1929 were chosen: President, Kathryn Cay; vice president, Margaret Varhal; secretary, Charlotte Sisco; treasurer, Helena Louwerse.

New York: Binghamton.—The annual meeting of DISTRICT 5 was held at the Y. W. C. A. in January, preceded by a dinner. A short address was given by the President. A summary of the Secretary's report given at that time shows that four regular meetings were held during the year and two directors' meetings. Speakers during the year were Mrs. Genevieve Clifford, State President; Caroline Garnsey, State Executive Secretary; Mrs. George A. Kent, Jr., Chairman of Red Cross Nursing Activities Committee, Broome County; and Mrs. Walter J. Lyon, Red Cross Instructor of Home Hygiene and Care of the Sick. The Association pledged $50 a year to the Grading Committee. It gave to the Red Cross Porto Rico and Florida disaster relief, and to the Red Cross loan closet. It paid its Bordeaux quota of $86 and paid 100 per cent to the Nurses' Relief Fund. The Association sent one delegate to the Biennial convention at Louisville, Ky., and two delegates to the State meeting in Brooklyn, N. Y. At the annual meeting new Constitution and By-Laws were adopted to conform with the approved model form of the American Nurses' Association. The following officers were elected: President, Jeannette B. Salmon; vice president, Anna M. Neukom, Rita F. Huener; secretary, Ethel A. Thornburn; treasurer, Amy B. Post; directors, Helena Clancey, Florence E. Dodge, Elizabeth Hugg, Alice B. Badger. The chairmen of the standing committees appointed by the Board of Directors at the meeting held February 1 are: Credentials, Gladys Metzgar; Program, Mrs. Margaret Hanley; Printing, Ethel A. Thornburn; Relief, Elizabeth Hill; Membership, Mary Fritts; Red Cross, Katherine Duelle; *American Journal of Nursing*, Kathryn A. Quinn; Finance, Mrs. Lola George; Legislative, Cora R. Head; Private Duty, Mrs. Margaret Scales. A regular meeting of

District 5 was held in the Kilmer Laboratory of the City Hospital, March 4, with Caroline Garnsey, State Executive Secretary, as speaker. It was decided to have the annual dinner in June and to send two delegates to the meetings of the International Council of Nurses in Montreal. On March 5, Miss Garnsey spoke to the Senior nurses of the Charles S. Wilson Memorial Hospital, Johnson City, and in the evening to the alumnae of the hospital. At noon on the 5th, there was a meeting and luncheon of all the officers and directors of the District and of the nursing schools superintendents. The BINGHAMTON STATE HOSPITAL ALUMNAE ASSOCIATION held meetings during 1928 in January, May and September. A delegate was sent to the State meeting. The officers were reëlected to serve for 1929: President, Eleanor Crannell; vice president, Pearl Spencer; corresponding secretary, Kathryn Quinn; recording secretary, Noralene Castner; treasurer, Katherine Wenkel.

North Carolina: Goldsboro.—WILSON DISTRICT 8 held its annual meeting on February 19, at the Hotel Goldsboro, Marie Farley presiding at the business meeting and Alice Ward during the addresses, which were given by Catherine Myers, on Red Cross Nursing Service; by Draper Fulz, on "The Maternity and Infant Work of the State"; by Dr. C. F. Strosnider, on "Loyalty in Service"; while Columbia Munds discussed the midwife problem. Officers were elected as follows: President, Marie Farley, Goldsboro; vice presidents, Martha Newman of Wilson and Lillian Fentress, Greenville; secretary-treasurer, Mrs. W. C. Denmark, Goldsboro; assistant, Mrs. R. E. Stevens; directors, Ursula Potts, Mrs. Lilla Bell. Following the luncheon, Gertrude Weil spoke on measures which are being sponsored by the Women's Legislative Council. District No. 8 met on March 12 in the Annex of the First Christian Church, Wilson, with the Wilson nurses hostesses to about fifty nurses from eastern North Carolina. The meeting opened with a business session. Reports from various committees were made, and after a business discussion the president presented Mary N. Miller, field representative of the Eastern Branch of the State Orthopedic Hospital in Gastonia, who spoke of the work being done by the State Orthopedic Clinic. The Eastern Branch has but recently been established, with headquarters in Goldsboro. Mary P. Laxton, of Asheville, President of the State Association, was present, and in a very charming manner spoke on "Organization." Col. John F. Bruton, President of the First National Bank of Wilson, in very fitting words spoke on "Independence." He urged his hearers to look into the future and prepare for the days to come by investing their savings, which should be at least one-tenth of gross income, into non-taxable, convertible stocks or bonds. The next meeting will be held in Greenville, April 9.

Ohio: Canton.—The PRIVATE DUTY SECTION OF DISTRICT 1 held its annual meeting, February 20, in the Aultman Hospital Nurses' Home. Anna Gladwin, Chairman of the National Private Duty Section, gave a talk on "Shorter Hours for the Private Duty Nurses." **Cincinnati.**—The regular monthly meeting of DISTRICT 8 was held at the Jewish Hospital on March 25. The program was held under the auspices of the Jane A. Delano Post of the American Legion, and was a memorial to Jane A. Delano. The Senior classes of all the Cincinnati hospitals were invited to attend this meeting, hoping this might be used as a means of recruiting members for the Red Cross Nursing Service. **Cleveland.**—The February meeting of DISTRICT 4 held, February 19, at the Cleveland Nursing Center, was the occasion of the twenty-fifth anniversary of the Official Registry for Nurses, formerly the Central Registry of Cleveland. Mrs. Estelle C. Koch, Chairman of the Registry Committee, presided. Because of illness, Mrs. E. A. Smith, the first registrar, was unable to attend, but she had prepared an exceedingly interesting history, which was read by Eleanor Daley. This history is printed in full in the April number of the Ohio State Nurses' *Quarterly Bulletin*. Interesting facts in the establishment of this registry are that the late Dr. Edward C. Cushing was one of its loyal supporters, giving advice and encouragement at all times, while Isabel Hampton Robb was its strongest nurse counselor. Mrs. Smith's history brought out the fact that the Cleveland Registry was the first official registry of this country, as it was maintained and supported by its nurses. The first record, in book form, somewhat worn with age, was referred to several times, and much was made of the fact that the names of some of the most active nurses in District 4 today, were named in those early pages. Better still, several were present and their reminiscences were much enjoyed. **Columbus.**—DISTRICT 12 held its regular monthly meeting, March 6, in the Chapel of White Cross Hospital. Dr. Carl W. Sawyer of the Sawyer Sanatorium, Marion, was the principal speaker, and gave a very interesting address.

Pennsylvania: Allentown.—The NURSES' ALUMNAE OF THE ALLENTOWN HOSPITAL has completed the payment of a pledge of $5,000 for the new patients' wing recently added to the hospital. A donation of $500 for the furnishing of a sun parlor in this wing was also made this winter. The Alumnae Association is gratified in having an increase of 33 per cent in new members and former members being reinstated. **McKeesport.**—The ALUMNAE ASSOCIATION OF THE MCKEESPORT HOSPITAL has recently placed an oil painting of Esther Yochelson in that institution. Miss Yochelson, a graduate of the school, was in service in the World War from June, 1918, until her death, November 12 of that year, in Manchester, England.

Virginia: Harrisonburg.—The regular meeting of the ROCKINGHAM MEMORIAL HOSPITAL ALUMNAE was held on February 15. It was decided to donate $10 to the Bordeaux Memorial and $10 to Catawba Sanitarium for repairs or improvements. Five new members were accepted.

Wisconsin: Madison.—The MADISON GENERAL HOSPITAL ALUMNAE ASSOCIATION held its regular meeting at the "Latchstring" on January 31. The following officers were elected for 1929: President, Beulah Solso; vice presidents, M. Winkleman, Merle Klug; secretary, Julia Jewett; treasurer, Ann Hefty. The alumnae have given, as a scholarship, a two months' course in Public Health, in Milwaukee, to a student nurse in every graduating class in their Alma Mater.

(No state or city given.)—ST. VINCENT'S ALUMNAE ASSOCIATION elected the following officers for 1929 at their January meeting: President, Della Kellogg; vice presidents, Mrs. Anna B. Tobin, Zola Edmonson; secretary, Mrs. O. F. Deubler; treasurer, Mrs. Emma Winters.

Deaths

Mary C. Barker (class of 1898, Roosevelt Hospital, New York), at the National Military Home, Danville, Ill., on February 2. Miss Barker served in Porto Rico in the Spanish-American War and was appointed in the Army Nurse Corps when it was established in 1901. She was discharged in October, 1906, and again appointed in September, 1914. She served in France with the A. E. F. and after the war remained in the service, serving at a number of different stations in the United States until 1924, when she was discharged in March. She had an excellent record in all her connections with the Army, and she was "a brave little soldier."

Mrs. Kate A. Ewing, on February 14, after a short illness. Mrs. Ewing was a member of the nursing staff of the Beth Moses Hospital, Brooklyn, N. Y., for two years, a conscientious and devoted worker, whose loss is regretted by her comrades.

Mrs. Robert Barner (**Marion Kratzer,** class of 1923, West Philadelphia Hospital for Women), on February 16, of pneumonia, at Renovo, Pa.

Emelia C. Peterson (class of 1914, St. Joseph's Hospital, Ashland, Wis.), at the Ingalls Memorial Hospital, Harvey, Ill., on January 16. Miss Peterson had been a member of the Alumnae Association since her graduation. She also organized the Eleventh District Association. She had been actively engaged in nursing since her graduation, and was very popular in the nursing world. Burial was at Ashland, Wis.

Laura M. Renner (class of 1920, Bryn Mawr Hospital, Bryn Mawr, Pa.), on February 12, after a week's illness, due to pneumonia. Since graduation Miss Renner had been engaged in private duty and had been night supervisor and floor supervisor at the Bryn Mawr Hospital. She had many friends. Burial was at Altoona, Pa.

Gertrude Caroline Smith (class of 1924, Allegany Hospital, Cumberland, Md.), on January 19, suddenly, at her home. Miss Smith was extremely interested in all phases of nursing, especially Pediatrics. Her friends will always remember her willingness, resourcefulness, untiring interest and her charming personality.

Georgia Mae Wengelin (class of 1924, Bethesda Hospital, St. Louis, Mo.), on July 25, 1928, after a long illness. After her graduation, Miss Wengelin did private nursing for a time and then municipal nursing. She was an enthusiastic nurse and had many friends.

Susan Selby Young (class of 1901, Homeopathic Hospital, Wilmington, Del.), on February 12, after an illness of only a few hours, due to heart trouble. She was buried from the home of George S. Capelle, where she had been employed for twenty years. Miss Young helped organize the Alumnae Association and was its first president. She was always interested in its work. At one time she was appointed to the Board of Nurse Examiners. She will be greatly missed by her many friends.

About Books

NERVOUS AND MENTAL DISEASES FOR NURSES. By Irving J. Sands, M.D. 239 pages. Illustrated. W. B. Saunders Company, Philadelphia and London. 1928. Price, $1.75.

REALIZING a need in Schools of Nursing for a text dealing with nervous and mental diseases, Dr. Sands has produced a descriptive work containing valuable material but its content is, in the reviewer's opinion, poorly organized and therefore not especially stimulating.

The first two chapters constitute a comprehensive presentation of Elementary Neuro-anatomy and The Glands of Internal Secretion. Since a course in Nervous and Mental diseases presupposes a course in Anatomy and Physiology, these subjects are not good selections for opening chapters. If, for the sake of ready reference, they are desired in the book, would they not be better placed if they constituted a supplement, thus introducing the student directly into the subject of Medical Psychology? I believe that the student would find this a more stimulating arrangement.

The chapter on Medical Psychology is a concentration of normal and abnormal psychology; it is instructive but too brief and superficial. From the discussion of personalities one gains the impression that the human individual fits exactly into one pattern or another.

The chapter on Common Neurological Disorders repeats material included in other courses, *i. e.*, Pathology, Medical Nursing and Pediatrics. There is a question as to the value of teaching in detail the symptomatology of many neuropathological conditions, as the majority of nurses rarely see such cases; this material is of special interest to nurses specializing in the care of these disorders—I refer to such conditions as: Friedreich's ataxia; amyotrophic lateral sclerosis; subacute combined sclerosis. The manner in which dementia praecox is handled is discouraging and little reference is made to the incipient stages of the disease.

In the chapter on Mental Hygiene, attention is paid to the effect of environmental influences from the prenatal period to senility. There is good material in this chapter and the value of the nurse as a health teacher seems to be appreciated.

Frequently, throughout the text, medical therapeutics and nursing care are confused. The nursing content of a text constitutes nursing and, as such, should be written by a nurse. Restraint is mentioned more often than seems necessary and one regrets the use of the phrase, as in Chapter X, page 191, "inmates of the insane asylums." Less stigma accompanies the phrase, "patients in the mental hospitals."

Chapter XII is entitled "Special Nursing Procedures" and it includes information regarding special medical treatments; laboratory tests; care of bowels, skin, teeth; physiotherapy; restraint and reëducation. One is impressed by the fact that practically one whole page is devoted to restraint,

while reëducation, our great weapon against mental illness, receives only a half-page discussion.

A wide selection of references for further study is appended to each chapter; if a few selections best suited to the needs of student nurses were so designated, it would be helpful.

ANNA K. MCGIBBON, R.N.
Providence, R.I.

NURSING CARE OF COMMUNICABLE DISEASES. By Mary Elizabeth Pillsbury, B.S., R.N., M.A. Octavo, 463 pages. 116 illustrations. J. B. Lippincott Company, Philadelphia. Price, $3.

THIS new text and reference book on the nursing care of communicable diseases will meet a long-felt need in schools for nurses.

Part I deals with the prevention and control of communicable diseases. Part II takes up forty-eight transferable diseases. Appendix A gives twelve pages of valuable reference material. Appendix B gives miscellaneous procedures. Fifty blank pages for notes are convenient for use, as new knowledge is accumulating rapidly and treatment changing accordingly. Under prevention and control of communicable diseases, the problems involved are presented clearly, with the available means of prevention and the agencies for the control of these diseases.

In discussing the causal organisms in the various acute infectious diseases, the author takes up sources of the infection, avenues of entrance, body defenses, susceptibility, port of exit, routes of transfer, vitality of organisms and period of communicability. This gives a body of scientific knowledge and a sound basis for intelligent technic.

On disease control, emphasis is placed not only upon the functions of medical and health agencies, but upon the importance of the part played by the nurse in each of the following measures: Recognition and reporting of disease, isolation, quarantine, disinfection, immunization.

Under the subject of resistance to disease—individual defense, preferred channels of entrance, natural defense, active acquired and passive immunity, are adequately presented. Detailed information relative to recent methods of immunization is given.

On the subject of public control of disease, three types of agencies dealing with general health education are described; private or non-official, governmental or official, and semi-public or joint official agencies. The service of the nurse as described under each type is significant.

The chapter on prophylactic technics and nursing is beautifully illustrated and ably presented. The underlying principles upon which the varied technics are based are clearly set forth, so that the student should be able to adapt these principles to any situation.

Miss Pillsbury admits there are differences of opinion in regard to various protective measures for student nurses, such as, the use of the mask and the cap covering the nurse's hair. Doubtless 90 per cent of the nurse's work may be done safely without such protection, but why not provide her with simple safeguards against accidental contamination? It would seem reasonable for her to wear a mask while working over a delirious person having profuse secretions where culture-making, inspection and cleansing of the mouth require careful and painstaking methods. The mask should not be worn except during such procedures, after which it should be placed with soiled linen. If the mask becomes contaminated,

it should be removed immediately, the hands scrubbed, the face cleansed and a clean mask put on. By this means it would seem that the danger of accidental infection of the nurse might be considerably lessened. If a mask should be worn when caring for pneumonic plague, why not also when caring for diphtheria? In institutions caring for acute infectious diseases, careful statistics of infections among nurses should be made in order to check up the efficiency of technic and of protective measures.

In Part II, forty-eight communicable diseases are ably discussed under the following outlines: I Introduction, II Medical Aspect, III Nursing Care, IV Measures for control.

Methods of technic in both hospital and home care of each disease are paralleled in a very simple, graphic and helpful manner. The following scheme is adopted:

1. Isolation

Hospital	Home

2. Concurrent Disinfection

Body discharges
Linen
Dishes and treatment utensils
Food waste
Hand scrub
Bath
Bedding
Unit

Miss Pillsbury teaches that disinfection of food waste except in typhoid and tuberculosis is unnecessary. We believe, however, that all contaminated food waste should be burned or disinfected.

The significant rôle of the nurse as a teacher is clearly emphasized throughout the work. When the nurse is able to pass on to others something of her knowledge and art, with a fine spirit of neighborly helpfulness, she becomes one of the most potent forces in the prevention and control of disease. Miss Pillsbury's excellent work presents a challenge to nurses. It should stimulate greater interest in this neglected field and incidentally become an important factor in the prevention and control of communicable diseases.

CHARLOTTE JOHNSON, A. B., R.N.
Chicago, Ill.

NOMENCLATURE OF DISEASES AND OPERATIONS AND MANUAL OF THE MEDICAL RECORD. T. R. Ponton, B.A., M.D. Physicians' Record Company, Chicago, Ill. Price, $3.50.

I FIND Dr. Ponton's book very complete in every way. It is an "up-to-the-minute" classification of diseases and operations.

The specific divisions under the general headings such as enteritis, meningitis, goitre and various other diseases, make it very clear and easy for the librarian. Another help is the addition of many terms not found in the older books. In a few instances, terms used in these are not in the new work, but other terms have been substituted so that nothing is lost. The alphabetical arrangement of diseases is also a great convenience although where this arrangement is followed, it is impossible to group all diseases of the eye, ear, nervous system, bones, locomotion, etc., together as in some of the other nomenclatures. To one accustomed to this grouping, the new arrangement might, at first, be somewhat disconcerting, but it would soon become familiar.

The "Manual of the Medical Record" gives a very clear and definite idea of the way records should be made and filed, as well as showing how to check on the doctors, internes and librarians. Altogether, a valuable addition to hospital literature.

G. E. KEAN.
Evanston, Ill.

Books You Will Enjoy

ISABEL ELY LORD

THOSE who know China best are those who are least willing to say exactly what is happening and going to happen in that vast and wonderful country, but in *China: Where It Is Today and Why*, Thomas F. Millard has given us a book of great value. Mr. Millard is a journalist, whose years of residence in China and true sympathy with the aspirations of her people have given him facts and enabled him to draw inferences that aid in the understanding of the difficult problems the Chinese are facing. The book certainly tells us much that we ought to know. (Harcourt, Brace, $2.75).

Dr. John B. Watson's psychological theory, which banishes all philosophy and all previous psychology, has been set forth by him anew in a more "popular" presentation than heretofore in *The Ways of Behaviorism* (Harper, $2). It is very easy reading—almost suspiciously so—and everyone should know of this new attitude toward human conduct and character.

Of even greater interest than the *Life and Letters* of Walter Hines Page is the volume, *The Training of an American*, by Burton J. Hendrick (Houghton, $5). This gives an account of the early life of Mr. Page, indeed, his life up to the time when he became our Ambassador to the Court of St. James. It shows how he became the force that he was in the America of our time, and why his influence continues to be powerful. A delightful and an important book.

For an entertaining volume, Eddie Cantor's *My Life Is in Your Hands* (Harper, $3) is a good one to recommend. It is an excellent subject for psychological study if you like to take it that way.

One reviewer heads a review of *The Vicar's Daughter*, by E. H. Young, "Civilized and Exciting." Any one who read *William* will be sure that there will be interest, good writing, and good psychology in it. There is a cruel picture of an ineffective man who manages to create much trouble, and a delightful picture of a brilliant and charming woman, if not an impeccable one. The vicar's daughter, herself—well, the reader had better find out about her from the book. It is one of the worthwhile new novels (Harcourt, Brace, $2.50).

William McFee's latest, *Pilgrims of Adversity* (Doubleday, $2.50), is a fine piece of work, but one cannot recommend it for the convalescent, since the complications of the Central American life with which it deals—in combination with Englishmen and Americans—are almost too much for the mind at its keenest. The hero is a chief engineer on a steamer, or becomes so near the end. The heroine is a Central American of mixed blood.

When I Grow Rich is Ethel Sidgwick's contribution to the study of the post-war generation in England—not so different from our own. It is a pleasant tale on the whole good for the invalid to hear. (Harper, $2.50).

Official Directory

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